

1 IN THE UNITED STATES DISTRICT COURT
 2 FOR THE NORTHERN DISTRICT OF OHIO
 3 EASTERN DIVISION
 4
 5 -----x
 6 IN RE: NATIONAL PRESCRIPTION) MDL No. 2804
 7 LITIGATION) Case No. 17-md-2804
 8 This document relates to:) Hon. Dan A. Polster
 9 All Cases)
 10 -----x
 11 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
 12 CONFIDENTIALITY REVIEW
 13 VIDEOTAPED DEPOSITION OF RICHARD SACKLER, M.D.
 14 STAMFORD, CONNECTICUT
 15 THURSDAY, MARCH 7, 2019
 16 10:09 A.M.
 17
 18
 19
 20
 21
 22
 23
 24 Reported by: Leslie A. Todd

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1 today is on a voluntary basis. There's been no
 2 subpoena. This appearance is not a waiver of any
 3 objections to the deposition or to the -- to the
 4 deposition itself or to any claims that have been
 5 or may be made against him in the future. All the
 6 defenses to those claims are preserved.

7 Dr. Sackler also suffers from certain
 8 medical impairments that affect his ability to
 9 testify. And maybe counsel will be eliciting
 10 those in the course of her questioning, but if
 11 not, we will elicit them at the conclusion of the
 12 deposition to make clear what those impairments
 13 are.

14 That's it.

15 MS. SINGER: Okay. And just to be
 16 clear, Counsel, there was a deposition notice
 17 directing Dr. Sackler to appear today.

18 Do you disagree with that?

19 MR. BERNICK: No, but he's appearing
 20 here voluntarily. There's no subpoena. And we're
 21 just not waiving -- I understand the rules, I
 22 understand the nationwide service, but I'm just
 23 saying that in connection with this deposition, to
 24 the extent that it's used by others, we are

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PROCEEDINGS

3 THE VIDEOGRAPHER: We're now on the
 4 record. My name is David Lane, videographer for
 5 Golkow Litigation Services. Today's date is
 6 March 7th, 2019. Our time is 10:09 a.m.
 7 This deposition is taking place in
 8 Stamford, Connecticut, in the matter of National
 9 Prescription Opioid Litigation, MDL.

10 Our deponent today is Dr. Richard
 11 Sackler.

12 Our counsel will be noted on the
 13 stenographic record.

14 The court reporter is Leslie Todd, who
 15 will now swear in the witness.

16 RICHARD SACKLER, M.D.,
 17 and having been first duly sworn,
 18 was examined and testified as follows:

19 THE VIDEOGRAPHER: Please begin.

20 MR. BERNICK: If I could just make a
 21 very short statement for the record.

22 This is David Bernick, and I represent
 23 Dr. Richard Sackler. I just wanted to make it
 24 clear that the appearance of Dr. Sackler here

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1 preserving all of his objections, and including to
 2 what happens during the course of the deposition.

3 MS. SINGER: Okay.

DIRECT EXAMINATION

5 BY MS. SINGER:

6 Q All right. Dr. Sackler, I'm Linda
 7 Singer. We met earlier.

8 A Good morning.

9 Q Good morning.

10 You've been deposed before, correct?

11 A Yes.

12 Q And once in litigation brought by the
 13 Attorney General of Connecticut, correct?

14 A I may have missed some of the words.

15 Could you repeat --

16 Q Sure.

17 A -- your question?

18 Q Sure.

19 Once in litigation brought by the
 20 Commonwealth of Kentucky, the Attorney General of

21 Kentucky; is that right?

22 A I gave a deposition in Kentucky. I
 23 don't recall giving a deposition in Connecticut.

24 Q In -- okay. In Kentucky, correct?

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1 A Kentucky I recall.

2 Q Okay.

3 THE VIDEOGRAPHER: Off the record.

4 10:11 a.m.

5 (Brief pause in proceedings.)

6 THE VIDEOGRAPHER: We're back on the
7 record, 10:13 a.m.

8 BY MS. SINGER:

9 Q All right, Dr. Sackler, we had just
10 mentioned that you were deposed previously in
11 Kentucky, correct?

12 A I recall such a deposition.

13 Q Okay. And do you also recall sitting
14 for a deposition in litigation between Purdue and
15 Endo Pharmaceuticals?

16 A I don't recall. This was -- was this a
17 patent --

18 Q It was, yes.

19 A -- dispute? Okay.

20 I recall giving a deposition in one, two
21 or three patents. I'm not sure about Endo.

22 Q Okay.

23 A I don't have a clear recollection of
24 what the company was.

1 explained why I could not communicate with speech
2 for about three or four hours. Since then, my
3 memory has become much more spotty than it was
4 prior to these events. And if -- I think the
5 court or you should be aware of that.

6 I have some other medical problems that
7 might affect my testimony today. I am actively
8 bleeding from lesions in my intestines. And that
9 has caused anemia. And that may require that I
10 ask for a break simply to deal with the bleeding.

11 As you noted, I wear hearing aids. My
12 hearing is, even with the hearing aids, not
13 perfect. So as I did earlier, I may ask you for
14 clarification.

15 After the stroke, my neurologist gave me
16 a screening test, which to my surprise, I did
17 poorly on, particularly in short-term memory. And
18 she recommended that I get neuropsych testing,
19 which I did, and --

20 Q And neuropsych, to be clear, is -- is
21 neurological testing, correct?

22 A It's -- it's really neurological
23 testing. They have a -- I don't remember the
24 first test. I just had a second test recently,

1 Q And other than those two depositions, do
2 you recall sitting for any other depositions or
3 testimony?

4 A I have a vague recollection of another
5 patent suit where I gave a deposition. But it's
6 very vague and I could be in error.

7 Q And since you've been deposed before, I
8 won't spend much time on the rules. Certainly if
9 you don't understand a question I'm asking, as you
10 did before, please ask me to rephrase it.

11 If you need a break, let us know and
12 we'll stop.

13 Is there any reason that your testimony
14 today would not be accurate and complete?

15 A Several years ago I had two events that
16 resulted in three strokes. I seemed to recover in
17 two or three hours, and so I was given no
18 procedure or medicine to resolve this. The
19 diagnosis was TIA. But when they did the MRI
20 scan, they found in the first instance, the first
21 event, two strokes on the right side.

22 And in the second event, not
23 surprisingly, they found one temporal lobe lesion
24 which was right in the speech center, and

1 and there were some -- there was a depression
2 inventory and -- I don't remember, but it was
3 essentially neurologic. It was tasks, challenges.
4 Here's a picture, now draw the picture. Things
5 like that. And two -- and I believe that
6 comparing the two tests, there was some
7 deterioration.

8 Q And you said, Dr. Sackler, that that was
9 in your short-term memory, correct?

10 A No, also long term. The -- the
11 inventory that was done, the simple inventory, I
12 did terribly on the short-term memory. They
13 ask -- they name five objects; they said, I'm
14 going to ask you to name them later in the exam.
15 And I only got one out of five. I was kind of
16 shocked.

17 And so that was why she thought maybe I
18 should get a much more comprehensive test, more to
19 document the status quo, but more -- more
20 significantly, comparing tests down the road gives
21 you a trajectory of change, rate of change, and
22 identifies anything that might be new in the
23 result. And that applies not -- to essentially
24 all image testing.

1 Q Okay. So if I ask you a question to
2 which you don't recall the answer, please indicate
3 that.

4 A Okay.

5 Q Agreed?

6 A Agreed.

7 Q Okay.

8 A Thank you.

9 Q Okay. All right. Now, you're
10 represented here today by your personal counsel,
11 Mr. Bernick; is that correct?

12 A I am well represented.

13 Q And did you also prepare for this
14 deposition with counsel for Purdue?

15 A Some preparations included counsel for
16 Purdue.

17 Q And can you recall roughly how much time
18 you spent preparing for this deposition with
19 counsel?

20 A I don't -- I could estimate it. Forty
21 to 50 hours.

22 Q And during your preparation, did you
23 review any documents to help -- to help you
prepare?

1 A Yes.

2 Q And other than documents provided by
3 your counsel, do you recall what you reviewed?

4 A Other?

5 Q Yes.

6 A I think everything was prepared by my
7 counsel.

8 Q So there's nothing you looked at
9 independently of that.

10 A I'm sure -- I don't remember, but I
11 don't think I did.

12 Q And --

13 A You mean go into old files or ask other
14 people to --

15 Q Exactly.

16 A Okay. No, I didn't do that.

17 (Sackler Exhibit No. 1 was marked
18 for identification.)

19 BY MS. SINGER:

20 Q Okay. And I'm going to show you what I
21 marked as Exhibit 1.

22 And Exhibit 1 is a notice of deposition
23 for Richard Sackler. Have you seen this document?

24 A When was it sent? I don't see a date on

1 it. So...

2 Q February 15th.

3 A I have not seen this document.

4 THE WITNESS: Did you want --

5 MR. BERNICK: Just keep them right here,
6 and if she wants to ask you more, she will, and
7 maybe --

8 THE WITNESS: Good.

9 MR. BERNICK: -- she won't.

10 BY MS. SINGER:

11 Q Now, are you aware that Purdue and your
12 counsel produced documents in connection with your
13 deposition -- provided to plaintiffs -- certain
14 documents?

15 A I'm aware we were asked to produce
16 documents.

17 Q And that includes documents from your
18 e-mail accounts, correct?

19 A Yes.

20 Q Now, I know that you used numerous
21 e-mail addresses over the years; is that right?

22 So let's --

23 A Well, I -- yes, it is correct, I have
24 used numerous, but not at the same time.

1 Q Okay. So Exhibit 2 --

2 (Sackler Exhibit No. 2 was marked
3 for identification.)

4 BY MS. SINGER:

5 Q -- is a slide we prepared.

6 So, Dr. Sackler, this is a list of
7 e-mail addresses we found. Are those all e-mail
8 addresses that you used? I think there are more
9 than 20 of them.

10 A No, I --

11 MR. BERNICK: At this point I have an
12 objection to the question. I don't think there's
13 foundation for this particular document. That
14 should be established for this witness.

15 BY MS. SINGER:

16 Q Can you go ahead and tell me, have --
17 are those all e-mail addresses that seem familiar
18 from your use?

19 A Some do. Not all.

20 Q Okay. But you have used 15 or 20 e-mail
21 addresses, correct, including [REDACTED]
[REDACTED] Those are all your
23 e-mail addresses, correct?

24 MR. BERNICK: Objection to form, lack of

1 foundation.

2 THE WITNESS: Should I respond?

3 MR. BERNICK: Go ahead. Yes.

4 THE WITNESS: Oh, okay.

5 I have not -- I do not recognize all of
6 these addresses. And of those that I do -- so I
7 don't think I ever used, for example, the American
8 Pain Foundation e-mail. And I just don't
9 recognize it, and it doesn't look like mine.
10 And -- would you like me to go through and tell
11 you the ones I have used?

12 MR. BERNICK: Well, let's just -- she's
13 going to ask you questions.

14 THE WITNESS: Oh, I'm sorry.

15 MR. BERNICK: She's extremely capable,
16 so you have to wait for the questions.

17 THE WITNESS: Sorry.

18 MR. BERNICK: And then you will answer
19 them.

20 BY MS. SINGER:

21 Q I -- I always appreciate the help.

22 So why don't you just read through the
23 first column. Is there anything there that is not
24 an e-mail -- other than the American Pain

1 THE WITNESS: Yes. Yeah, I don't -- I
2 don't remember it. I don't remember [REDACTED].

3 BY MS. SINGER:

4 Q [REDACTED]

5 A No.

6 Q Okay.

7 A That was -- that actually is my former
8 wife's birthday. But it -- I just don't
9 remember --

10 Q Okay.

11 A -- remember it.

12 [REDACTED], I don't remember if I used it, but
13 I do remember I had it.

14 [REDACTED], definitely was used a lot.
15 I like short addresses.

16 [REDACTED], I don't remember using. [REDACTED]
17 I used, yes.

18 [REDACTED], I don't
19 remember ever using it.

20 Q Okay. So we don't have to go through
21 the second column. But why so many e-mail
22 addresses?

23 MR. BERNICK: Objection to the form of
24 the question.

1 Foundation, anything there that's an e-mail

2 address you didn't use?

3 A All the pharma addresses are different
4 names for the same e-mail account, and thus, when
5 you look at those, the contents of the account,
6 you're seeing everything that either I received or
7 I sent. Some I used more, some for a brief time,
8 and some never used at all. I reserved a lot of
9 names that -- for possible use and never used
10 them.

11 Q So can you recall from this slide which
12 e-mail addresses you didn't use, other than the
13 Pain Foundation?

14 A Well, I -- I'd rather -- American Pain
15 Foundation doesn't ring a bell at all. I don't
16 remember whether I used Dr. Richard Sackler, but
17 again, I say it would have gone into the master
18 account, which was [REDACTED]
[REDACTED]. So you've seen it and you could do the
20 count too. I'm not objecting to try my best.

21 [REDACTED] --

23 MR. BERNICK: Excuse me. Were you done
24 with your answer? Dr. Sackler, were you done --

1 THE WITNESS: I got e-mail addresses
2 that I thought I might use, and the most common
3 reason that I got more was, by the time I needed a
4 different address for some purpose, I had
5 forgotten most of the ones that had already been
6 assigned to me.

7 And so I just called IT and said, Give
8 me another, they called it, aliases, also known
9 as, I guess, but they just are a different way for
10 you or anybody else to write and to -- and sending
11 me something, you can write [REDACTED], and it
12 would go into the Sackler R account with
13 everything else.

14 BY MS. SINGER:

15 Q And did you use these e-mail addresses
16 for different purposes?

17 MR. BERNICK: Objection to the form.

18 THE WITNESS: I don't think I did,
19 except maybe the [REDACTED], which
20 principally I used for subscriptions to things.

21 BY MS. SINGER:

22 Q Okay. Now, you are a member of the
23 family that founded Purdue, correct?

24 A I am.

1 Q And it was your father Raymond --
 2 A Yes.
 3 Q -- and your brothers Mortimer and --
 4 and --
 5 A His brothers. His brothers.
 6 Q I'm sorry. Yes. Sorry, I don't mean to
 7 age you.
 8 A No.
 9 Q His brothers, Mortimer and Andrew, who
 10 first bought Purdue; is that correct? Mortimer
 11 and Arthur.
 12 A Mortimer, Arthur and Raymond bought
 13 Purdue in 1952, I think.
 14 Q And do you know how much the family paid
 15 to acquire Purdue?
 16 A I actually do.
 17 Q How much?
 18 A \$50,000.
 19 Q And when your family bought Purdue in
 20 1952, did it make opioids?
 21 MR. BERNICK: If I could have an
 22 objection to form based on the name that you're
 23 using for Purdue. So I have an objection to the
 24 form of the question because of just using the

1 word "Purdue."
 2 MS. SINGER: Okay.
 3 BY MS. SINGER:
 4 Q What was the name of the entity your
 5 family bought?
 6 A The Purdue Frederick Company.
 7 Q Okay. And when your family bought the
 8 Purdue Frederick Company in 1952, did it make
 9 opioids?
 10 A I was seven years old in 1952. It is --
 11 I don't believe it did, but I can't be sure there
 12 wasn't some -- it was a very small company in
 13 terms of sales. The story I heard was \$22,000 a
 14 year turnover. And their principal product was
 15 an -- I don't know what to call it -- a tonic that
 16 had been made since the 1920s, but still had some
 17 residual sales. And they manufactured it in a
 18 building in Greenwich Village. And there are lots
 19 of colorful stories about that building.
 20 Q All right. We'll save those for another
 21 day.
 22 Now, were you with Purdue when it
 23 launched its first opioid?
 24 A I was. Oh, you know, let me just think.

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1 I don't know all the products that Purdue launched
 2 after they -- the brothers, the three brothers
 3 acquired it. So I can't be sure there was no
 4 other opioid. I don't recall it, however. And if
 5 you're asking what -- I'd like to answer, I was
 6 working with Purdue when MS Contin was launched.
 7 Q Do you remember what year that was?
 8 A I have a recollection that it was around
 9 1984.
 10 Q Now, your uncle, Arthur Sackler, had a
 11 career in medical marketing, did he not?
 12 A He had several careers.
 13 Q And did one of them include medical
 14 marketing?
 15 A I wouldn't have called it marketing,
 16 because his businesses were focused -- am I
 17 speaking loudly enough for everyone?
 18 Q Sure.
 19 MS. SINGER: For people who are on the
 20 phone, if you're typing, everybody on the phone,
 21 please mute your lines.
 22 BY MS. SINGER:
 23 Q And yes, Dr. Sackler, you're speaking
 24 loud enough.

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1 MS. SINGER: Can everyone in the room
 2 here?
 3 THE WITNESS: Oh.
 4 MR. BERNICK: Yeah, that's -- just --
 5 just --
 6 MS. SINGER: Speak to the bleachers.
 7 MR. BERNICK: Just do your best. Do
 8 your best.
 9 THE WITNESS: I have a quiet voice. I'm
 10 sorry. Always have. Okay.
 11 BY MS. SINGER:
 12 Q So you were -- I had asked --
 13 A Yes. He -- he had entered -- touched
 14 upon medical marketing when he was a student in
 15 medical school in New York, and to earn extra
 16 money for the family, everybody worked, my father,
 17 and my uncle -- both uncles. He started doing
 18 freelance copyrighting for -- I know only one
 19 agency because he ultimately bought it, William
 20 Douglas McAdams.
 21 Q And he -- he innovated this idea of
 22 direct marketing to doctors. Did he not?
 23 MR. BERNICK: Objection to form. And
 24 lack of foundation.

1 THE WITNESS: I think that's an
2 apocryphal statement. He didn't innovate direct
3 marketing to doctors.

4 BY MS. SINGER:

5 Q Okay.

6 A I mean, to my knowledge of the industry
7 is that goes back a century at least.

8 Q He was ultimately -- I think there's a
9 Medical Marketing Hall of Fame. Are you familiar
10 with that?

11 A Vaguely.

12 Q Not a big awards banquet, but -- so
13 we'll leave that topic for a minute.

14 As part of his career in marketing, he
15 did engage in direct marketing to doctors, did he
16 not?

17 A He didn't himself, to my knowledge,
18 engage in direct marketing, either personally, nor
19 did he own a company -- of which there are many
20 now who build sales forces and basically rent them
21 out -- he didn't do that. But his clients did
22 engage in salesmen selling.

23 Q And what --

24 A Actually, he wasn't fond, at least in

1 the '50s and '60s when I heard a discussion, of
2 using salesmen. He felt they were used too much,
3 and that advertising and direct mail would be much
4 more effective because it's so much more
5 efficient.

6 Q And one of the drugs he was involved in
7 promoting was Valium, correct?

8 MR. BERNICK: Objection. Lack of
9 foundation. Again, you're talking about Arthur
10 Sackler?

11 MS. SINGER: That's correct.

12 MR. BERNICK: Still objection, lack of
13 foundation, and there's also no time period.

14 THE WITNESS: I believe -- I've heard
15 that statement before, and I have no contrary
16 information. But I was not involved in his
17 business, and I can't tell you any -- I can tell
18 you that I've heard it before, and it may be true.
19 Roche -- Hoffmann-La Roche was an important client
20 for him, and it wouldn't be surprising if Valium
21 was one of their products that they had assigned
22 to William Douglas McAdams.

23 BY MS. SINGER:

24 Q And do you know if Arthur Sackler was

1 involved in founding IMS?

2 A Four people founded IMS. He was one of
3 the four.

4 Q And IMS is a company that collects
5 information on prescription drug sales, is that
6 right, and marketing?

7 A At that time it published -- it did
8 surveys and published results of those surveys for
9 anybody who wanted to buy them. I don't know how
10 many people other than pharmaceutical companies
11 bought them, but I'm sure there were many.

12 Q And did Purdue use IMS data in its own
13 marketing?

14 MR. BERNICK: Objection to form, the
15 company. Also lack of time frame, lack of
16 foundation.

17 THE WITNESS: For some tasks or some
18 marketing objectives, IMS was -- and many other
19 sources was -- was a source of information. But I
20 can't tell when it started.

21 MS. SINGER: Let's go to the --

22 (Sackler Exhibit No. 3 was marked
23 for identification.)

24 BY MS. SINGER:

1 Q All right. I want to show you
2 Exhibit 3.

3 And Exhibit 3 is a Forbes magazine
4 article, "The OxyContin Clan: The \$14 Billion
5 Newcomer to Forbes 2015 List of Richest U.S.
6 Families."

7 A I see that.

8 Q Dr. Sackler, have you seen this article
9 before?

10 A I did.

11 Q And is the --

12 A That's a "yes."

13 Q Understood.

14 And that picture on the front of the
15 article, is that your father and mother?

16 A It is my father and mother. I think
17 this was taken at an awards ceremony in Europe.
18 And I think it's a nice picture of the two of
19 them. One of the best at this -- when they were
20 this age. I'm glad they picked a really nice
21 picture.

22 Q Now, let's turn to the article itself.

23 A Okay.

24 Q It starts by saying: "The richest

1 newcomer to Forbes 2015 list of America's richest
 2 families comes in at a stunning \$14 billion. The
 3 Sackler family, which owns Stamford,
 4 Connecticut-based Purdue Pharma, flew under the
 5 radar when Forbes launched its initial list of
 6 wealthiest families in July 2014, but this year
 7 they cracked the top 20, edging out storied
 8 families like the Bushes, Mellons and
 9 Rockefellers."

10 To your knowledge, are the Sacklers
 11 worth \$14 billion?

12 MR. BERNICK: Is the question now today?

13 MS. SINGER: Yes.

14 MR. BERNICK: Object to form of the
 15 question, and also foundation.

16 THE WITNESS: I -- I don't know the
 17 answer. I just don't know. I -- my view is that
 18 this is likely to be considerably higher than the
 19 number today. But I can't tell you for sure.

20 BY MS. SINGER:

21 Q Do you have any reason to believe that
 22 this was inaccurate when published in 2015?

23 MR. BERNICK: Object to the form of the
 24 question and foundation.

1 And I don't think that that's a proper
 2 examination. I don't think these documents should
 3 be shown to the witness unless they're actually
 4 marked as exhibits, and then when they're marked,
 5 they can be shown in that form. This is not --

6 MS. SINGER: I'm happy to mark it as an
 7 exhibit.

8 MR. BERNICK: This is not a media
 9 process. This is a deposition.

10 MS. SINGER: So I hear your objection.

11 I don't think you need to testify to it,
 12 Mr. Bernick. We're happy to -- to mark this as an
 13 exhibit, and it's meant as an aid to focus on.

14 MR. BERNICK: Well, then, you have -- I
 15 still have an objection to foundation.

16 (Sackler Exhibit No. 4 was marked
 17 for identification.)

18 BY MS. SINGER:

19 Q And this is Exhibit No. 4, and it is a
 20 pull-out of the Forbes article.

21 MS. SINGER: Your objection is noted.

22 BY MS. SINGER:

23 Q Did you --

24 MR. BERNICK: Well, just to be clear --

1 THE WITNESS: I thought then it was
 2 high, but again, the family has never, to my
 3 knowledge, sat down and did an inventory of assets
 4 or go through everybody's official balance sheet
 5 and try to figure it out.

6 And private companies, my understanding
 7 is, wouldn't appear on balance sheets. So one
 8 would have to estimate the value of the companies.
 9 I think they are normally put in the balance sheet
 10 at basis.

11 MR. BERNICK: I -- I have a question at
 12 this point. I'm getting -- I have an exhibit
 13 here. This is Exhibit 3, but what appears on the
 14 screen is not Exhibit 3.

15 THE WITNESS: Oh.

16 MS. SINGER: I'll show you the slide.

17 MR. BERNICK: And -- and I have an
 18 objection to the use of these slides, which are
 19 excerpts from documents and they're formatted in a
 20 certain way. There's no foundation for asking --
 21 you've established that the witness saw Exhibit 3.
 22 There's no foundation that the witness saw your
 23 rendition of parts of Exhibit 3 at any time
 24 before.

1 excuse me. Now that Exhibit 4 has been marked, I
 2 have an objection on the grounds of foundation and
 3 form. And I'm not sure that it even complies with
 4 deposition protocol.

5 We also have an objection to -- although
 6 I know that objections on relevance are reserved,
 7 we have an objection to the relevance of family
 8 wealth. This is Dr. Sackler who is testifying
 9 here. But I'll permit him to answer that
 10 question.

11 BY MS. SINGER:

12 Q Dr. Sackler, at the time this article
 13 came out, did the Sackler family object to --

14 A This is The Times article?

15 Q The Forbes article.

16 A I misheard you. I -- my apologies.

17 Q I may have misspoken.

18 At the time the Forbes article came
 19 out --

20 A Ah.

21 Q -- did the Sackler family in any way
 22 note an objection to Ford -- to Forbes that they
 23 believed that the figure was inaccurate?

24 MR. BERNICK: Objection. Lack of

1 foundation and form. As well as the relevance
 2 objection I just made.
 3
 4 THE WITNESS: I don't have a memory of
 5 such an action. Although it may -- I believe that
 6 something like that happened, but my memory is
 7 foggy. I did not personally pick up the phone and
 8 call, but that might have come out of the law
 9 department --

9 BY MS. SINGER:

10 Q Okay. And that's the last one.

11 A -- out of the law department -- out of
 12 the law department of Purdue or one of our outside
 13 lawyers. I don't think any executives were tasked
 14 with doing this. But I'm just -- I have an
 15 impression, but I have no clear memory.

16 Q Okay. Going to page 2 of the Forbes
 17 article that is Exhibit 3, it indicates that
 18 Purdue is a hundred percent owned by the Sacklers.
 19 Is that accurate?

20 MR. BERNICK: Excuse me. As of this
 21 point in time?

22 MS. SINGER: Yes.

23 THE WITNESS: At this point in time?

24 Sorry?

1 THE WITNESS: I'm thinking about the
 2 question.
 3 I don't remember what our accounting --
 4 what our internal count was, and therefore, I
 5 can't tell that this is or is not accurate.

6 BY MS. SINGER:

7 Q What percent of Purdue -- of Purdue do
 8 you own, Dr. Sackler?

9 MR. BERNICK: Again, objection to form
 10 on Purdue. There are numerous entities that have
 11 the Purdue name. It would just be -- stop my
 12 objections if you could just specify --

13 MS. SINGER: Sure.

14 MR. BERNICK: -- what entity. It makes
 15 a difference.

16 BY MS. SINGER:

17 Q So we talked earlier about Purdue
 18 Frederick, correct?

19 A Right.

20 Q And there is also Purdue Pharma Inc.,
 21 correct?

22 A Yes.

23 Q When -- when we talk about the Purdue
 24 entity that manufactures prescription drugs,

1 MS. SINGER: Yes.

2 MR. BERNICK: Yes.

3 THE WITNESS: Okay. That is my
 4 understanding.

5 BY MS. SINGER:

6 Q Okay. And --

7 A Yes.

8 Q -- is it still 100 percent owned by the
 9 Sacklers?

10 A That is my understanding.

11 Q And then the article goes on to say in
 12 the same line: "Has generated estimated sales of
 13 more than \$35 billion since releasing its
 14 time-released, supposedly addiction-proof version
 15 of the painkiller oxycodone back in 1995."

16 Is it true Dr. Sackler that as of 19 --
 17 I'm sorry, 2015 when this was published that
 18 Purdue had generated estimated sales of more than
 19 \$35 billion?

20 MR. BERNICK: First of all, again, this
 21 is Purdue. We have an objection to form that I
 22 think can be easily resolved. And then there is
 23 an objection, lack of foundation.

24 Answer if you can.

1 including opioids, which entity is that?

2 A Could you repeat that -- just that last
 3 sentence --

4 Q Sure. Which --

5 A -- of the inquiry?

6 Q Which Purdue entity manufactures
 7 prescription drugs, including opioids?

8 MR. BERNICK: Objection to form.

9 THE WITNESS: I don't know today which
 10 entity manufactures the -- the medicine you're
 11 calling, and I would, just to elaborate for
 12 clarity, point out there are other companies,
 13 particularly in Canada that are called Purdue
 14 Pharma as well. So for avoidance of doubt, you
 15 might want to try to, if you can, think about that
 16 and focus on the -- I assume it's the U.S.
 17 business that you're interested in, just say
 18 whatever, Purdue Pharma in the U.S.

19 MR. BERNICK: Okay. She's going to ask
 20 you the questions, Dr. Sackler.

21 MS. SINGER: I'm getting lots of help.

22 MR. BERNICK: I know you're getting a
 23 little help, which is fine. It helps move things
 24 along.

1 BY MS. SINGER:

2 Q So in the United States, Purdue

3 manufactures prescription opioids, correct?

4 MR. BERNICK: It's the same -- it's the

5 same problem with Purdue.

6 Go ahead and answer if you can.

7 BY MS. SINGER:

8 Q Tell me the entity that manufactures

9 opioids --

10 A I --

11 Q -- in the United States.

12 A I -- okay. I do not know today's names.

13 It may have changed.

14 Q As of your last knowledge.

15 A My last knowledge goes back quite a

16 while, and it was manufactured by PF Laboratories.

17 Not Purdue Pharma, to my knowledge. And

18 PF Laboratories has two factories in -- or had

19 two factories in North Carolina to manufacture

20 the -- the product.

21 Q Okay. And what other Purdue entities

22 are involved in the manufacture and marketing of

23 opioids in the United States? As of your last

24 knowledge.

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1 A I -- Rhodes Pharmaceutical has --
2 manufactures the raw material for many years, and
3 started marketing generic opioids more recently.
4 But I am not clear on whether it is independent
5 with a different chain of ownership or is somehow
6 connected to Purdue. There are others who could
7 give you a clearer answer.

8 Q And other than Rhodes, are there other
9 entities?

10 A That manufacture?

11 Q And market opioids in the United States.

12 A None come to mind. I don't -- I can't
13 say there isn't, but my impression is there isn't.
14 It's Rhodes or it's PF Labs.

15 MR. BERNICK: Can I -- can I help a
16 little? I think he understood the question to be
17 just manufacturing still.

18 MS. SINGER: And --

19 THE WITNESS: That was what I thought
20 you were talking about.

21 BY MS. SINGER:

22 Q So manufacture and market.

23 MR. BERNICK: See, now she's asking
24 about entities that do both -- one or the other or

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1 both.

2 Right?

3 MS. SINGER: Mm-hmm.

4 THE WITNESS: I think the marketing is

5 done by Rhodes Pharma in the case of Rhodes. In

6 the case of Purdue, it's done by Purdue Pharma LP,

7 to market it.

8 BY MS. SINGER:

9 Q Okay.

10 A But if you just repeat the question, it

11 will help me see if there's anything else, any --

12 Q So I was asking you to name the Purdue

13 entities broadly that are involved --

14 A In the U.S., right?

15 Q -- in the United States --

16 A Right.

17 Q -- in making, marketing or selling

18 opioids.

19 A The -- we don't market opioids -- well,

20 I -- wait. I'm not sure whether we do or not. I

21 know we don't market OxyContin anymore. That

22 changed months ago, many months ago.

23 Selling, again would be Purdue Pharma.

24 I don't know of any other entity.

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Term	Percentage
1	100
Interest rates	98
Central bank	98
Interest rates	97
Interest rates	96
Interest rates	95
Interest rates	94
Interest rates	93
Interest rates	92
Interest rates	91
Interest rates	90
Interest rates	89
Interest rates	88
Interest rates	87
Interest rates	86
Interest rates	85
Interest rates	84
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Interest rates	17
Interest rates	16
Interest rates	15
Interest rates	14
Interest rates	13
Interest rates	12
Interest rates	11
Interest rates	10
Interest rates	9
Interest rates	8
Interest rates	7
Interest rates	6
Interest rates	5
Interest rates	4
Interest rates	3
Interest rates	2
Interest rates	1
Interest rates	0

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Term	Percentage
Organic	97
GMO	98
Non-GMO	92
Natural	88
Artificial	78
Organic	75
Non-GMO	72
Natural	68
Artificial	65
Organic	62
Non-GMO	58
Natural	55
Artificial	52
Organic	48
Non-GMO	45
Natural	42
Artificial	38
Organic	35
Non-GMO	32
Natural	28
Artificial	25
Organic	22
Non-GMO	18
Natural	15
Artificial	12
Organic	8
Non-GMO	5
Natural	3
Artificial	1

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1 MS. SINGER: Okay. We'll take a break.
2 MR. BERNICK: Great. Thanks so much.
3 THE VIDEOGRAPHER: Going off the record
4 at 11:00 a.m.
5 (Recess.)
6 THE VIDEOGRAPHER: Back on the record at
7 11:16 a.m.
8 THE WITNESS: Happy day.
9 BY MS. SINGER:
10 Q Dr. Sackler, you're named as -- as a
11 defendant personally in litigation that has been
12 filed recently over the marketing and distribution
13 of opioids, correct?
14 A I -- I have heard that it's over
15 marketing and -- overmarketing of opioids, but I
16 have not read the complaints thoroughly.
17 Q And do you know how many lawsuits you
18 have been named in?
19 A I do not.

A horizontal bar chart with six bars. The first bar is labeled '20' at its left end. The bars are grey and of varying lengths. A watermark for 'Golkow Litigation Services' is visible across the bottom of the chart area.

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1 recall.

2 THE WITNESS: Again, the question is my
3 assets?

4 BY MS. SINGER:

5 Q Your assets --

6 A Personal assets?

7 Q -- or trust assets for which you are the
8 beneficiary.

9 MR. BERNICK: Again, the question just
10 asks for the name of the lawyer, if you can recall
11 it.

12 THE WITNESS: Some years ago, we --

13 MR. BERNICK: No, no. No, no.

14 THE WITNESS: What?

15 MR. BERNICK: You have to --

16 THE WITNESS: No.

17 MR. BERNICK: Counsel is asking you for
18 the name of a lawyer.

19 THE WITNESS: Okay.

20 MR. BERNICK: Just the name of a lawyer.

21 THE WITNESS: I'm trying to think if
22 there were one or two.

23 MR. BERNICK: Okay. Well, you can think
24 about whether --

1 BY MS. SINGER:

2 Q Any names you recall.

3 A Michael Pecker.

4 Q Anyone else?

5 A And I can't remember the -- right now
6 the name of the -- of another one which --

7 MR. BERNICK: Well --

8 THE WITNESS: -- preceded this period.

9 BY MS. SINGER:

10 Q Okay. So there's someone else who you
11 consulted prior to 2007, but you don't recall
12 that -- that lawyer's name?

13 A Let me be clearer --

14 MR. BERNICK: Well, it's very important
15 that you not disclose --

16 THE WITNESS: Okay.

17 MR. BERNICK: -- any of the substance of
18 what you talked about with counsel on any
19 subject --

20 THE WITNESS: Okay.

21 MR. BERNICK: -- including this subject.

22 THE WITNESS: Okay.

23 MR. BERNICK: So if you remember a name,
24 you can provide a name.

1 THE WITNESS: Okay.

2 MR. BERNICK: But you can't talk about
3 anything else. I instruct you not to --

4 THE WITNESS: Well, that's what you're
5 looking for?

6 MR. BERNICK: It doesn't --

7 BY MS. SINGER:

8 Q The question asks for the name of
9 counsel.

10 A Right, I -- it will probably -- this is
11 an example of my spotty memory. It may come to me
12 in a few minutes or a few hours, but I can't put
13 my finger on the name now.

14 Q Okay. And we were talking about
15 sheltering your personal assets or trust assets.
16 Are there any other steps you have taken to -- to
17 prevent -- to protect other assets of the family
18 or Purdue Pharma from judgment?

19 MR. BERNICK: The witness is instructed
20 not to answer that question because -- excuse me,
21 because it builds on the answer that he gave that
22 may have disclosed privileged information. Your
23 question assumes that. He's instructed not to
24 answer that question.

1 MS. SINGER: I'm not sure -- I'm asking
2 for steps that he took, not advice of counsel.

3 MR. BERNICK: Well, but it builds on
4 the --

5 SPECIAL MASTER COHEN: The question is
6 overruled. The witness will answer the question.

7 MR. BERNICK: Well, the -- then we're
8 going to take an appeal of that, Your Honor.

9 SPECIAL MASTER COHEN: He can answer.

10 MR. BERNICK: So -- no, I -- I object to
11 that. I'm instructing the witness not to answer
12 that question.

13 THE WITNESS: Could you restate the
14 question, please?

15 BY MS. SINGER:

16 Q Yes.

17 A If I -- as it seems, I have to answer
18 it.

19 MR. BERNICK: No, you don't have to
20 answer. He is instructed not to answer the
21 question.

22 SPECIAL MASTER COHEN: Sir?

23 MR. BERNICK: Yes.

24 SPECIAL MASTER COHEN: The question,

1 which we can reread, does not ask for the content
2 of any attorney-client communication.

3 MR. BERNICK: Well, we can have the
4 question reread.

5 SPECIAL MASTER COHEN: In fact, it's
6 asking for a yes-or-no answer.

7 MR. BERNICK: I'm happy to have the
8 question reread. But the question incorporates a
9 statement or testimony that he gave that did
10 reflect on its face privileged information.

11 Counsel actually has an obligation not
12 to -- not to cause or solicit the provision of
13 further privileged information or to use it in any
14 way, shape or form. That's an obligation under
15 the Professional Rules of Responsibility.

16 So the witness is instructed not to
17 answer that question.

18 MS. SINGER: I've not solicited any
19 privileged information. I believe there's a
20 ruling instructing him to answer.

21 SPECIAL MASTER COHEN: Why don't you ask
22 the question again so we can all be on the same
23 page.

24 BY MS. SINGER:

1 Q Are there any other steps you have taken
2 to protect other assets of the family or Purdue
3 Pharma from judgment?

4 MR. BERNICK: Okay. Again, I instruct
5 the witness not to answer the question. She said
6 "other steps." That referred back to the prior
7 testimony, and the prior testimony disclosed on
8 its face privileged information.

9 Counsel is obliged not to solicit in any
10 way, shape or form any information that might be
11 privileged or to use it. It's like using a
12 privileged document that's been --

13 SPECIAL MASTER COHEN: Mr. Bernick.

14 MR. BERNICK: That -- that's my
15 position.

16 SPECIAL MASTER COHEN: What is the prior
17 testimony that you're referring to? Because I'm
18 just not understanding what you're saying.

19 MR. BERNICK: Okay. We can -- we can
20 scroll back. I appreciate that, Your Honor.
21 We'll scroll back.

22 (Pause in the proceedings.)

23 MR. BERNICK: Yes, it's at 11:21 and 6
24 seconds.

1 (A discussion was held off the record.)
2 THE COURT: So where -- can you point me
3 to the witness's statement that you think is --
4 includes attorney-client privileged information?

5 MR. BERNICK: Right there. So if you go
6 right back, it says, And let me say -- I say, "And
7 let me say" --

8 MS. SINGER: The witness didn't reveal
9 anything. There is no disclosure here.

10 MR. BERNICK: Beginning at 11:20 --
11 11:20:25: "Have you taken any measures to protect
12 your assets from judgment?"

13 "I have to think about that." And let
14 me say -- I then say: "And let me -- if you
15 have any" --

16 SPECIAL MASTER COHEN: I understand.
17 I'm with you.

18 MR. BERNICK: Then he goes on to say --

19 SPECIAL MASTER COHEN: Just keep
20 scrolling. I want you to show me where it is that
21 you believe that he has said anything that was
22 attorney-client privileged.

23 MR. BERNICK: Right there. "We have
24 talked to counsel about that," and the "that"

1 that he was referring to is a discussion about the
2 subject matter, which is taking measures to
3 protect assets from judgment. That subject matter
4 is privileged.

5 SPECIAL MASTER COHEN: The fact of a
6 conversation between an attorney and a client is
7 itself not privileged, and the rule clearly says
8 that counsel is allowed to examine the witness to
9 obtain information to test the privilege.

10 But in any event, what has happened so
11 far has not been a divulging or revealing of
12 anything that was attorney-client privileged.

13 Ms. Singer can continue to ask questions
14 that don't ask for attorney-client privileged
15 information, including, for example: Have you,
16 Mr. Sackler, yourself taken any steps to protect
17 assets, whether personal or trust?

18 Now, let me make clear --

19 MR. BERNICK: I didn't object to that
20 question.

21 SPECIAL MASTER COHEN: Well, I -- you
22 can make an objection. You can direct him not to
23 answer. I'm here as the court to rule on that.

24 MR. BERNICK: And then we'll take --

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists terms, and the x-axis shows percentages from 0% to 100%. The bars are grey.

Term	Percentage
1	100%
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Term	Percentage
GDP	95
Inflation	92
Interest rates	90
Central bank	65
Monetary policy	60
Deflation	58
Recession	55
Unemployment	52
Stagflation	48
Banking system	45
Monetary system	42
Interest rate policy	38
Monetary policy framework	35
Monetary policy tools	32
Monetary policy transmission	28
Monetary policy communication	25
Monetary policy instruments	22
Monetary policy decisions	18
Monetary policy analysis	15
Monetary policy research	12
Monetary policy implementation	10
Monetary policy monitoring	8
Monetary policy evaluation	5

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3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 BY MS. SINGER:

7 Q Okay. Moving on from that document.

8 Dr. Sackler, you went to medical school

9 at NYU, did you not?

10 A For two years.

11 Q And did not complete --

12 A No.

13 Q -- med school?

14 A I started medical school at the State

15 University of New York in Buffalo, completed two

16 years, and transferred to NYU.

17 Q Okay. And did you get your medical

18 degree from --

19 A I did.

20 Q -- from NYU?

21 Have you ever practiced medicine?

22 A Only in my training or my internship.

23 Q When did you first learn that opioids

24 were addictive?

GOIKOW EDUCATION SERVICES

1 A I cannot remember.
 2 Q Have you known since your medical
 3 training that opioids are addictive?
 4 A Yes.
 5 Q And when you were in medical school,
 6 what was medical practice with regard to opioids?
 7 A My recollection and training that I got
 8 was somewhat unusual. There was a lot of training
 9 or explanation of when you shouldn't use opioids,
 10 what is the harm that can come from opioids, and
 11 so on. But it -- you would have thought the
 12 training would have included how to use them. I
 13 don't remember anything like that.
 14 Q And why do you say that's unusual?
 15 A Because it was a missing part of the
 16 curriculum, and an important missing part.
 17 Q And after medical school, did you go
 18 straight to work at Purdue Pharma?
 19 A I did for two years.
 20 Q When did you join the board of Purdue
 21 Pharma?
 22 A I don't remember.
 23 MR. BERNICK: It -- again, Purdue
 24 Pharma, there are two Purdue Pharmas.

1 THE WITNESS: Oh, I -- I am sorry.
 2 MR. BERNICK: So I'm not saying it to
 3 you. I'm saying this to counsel.
 4 So for purposes of clarity, it would be
 5 appreciated if that could be incorporated into the
 6 question.
 7 BY MS. SINGER:
 8 Q Do you recall joining the board of
 9 either Purdue entity?
 10 A I joined the board of Purdue Frederick
 11 first.
 12 Q Do you remember when that was?
 13 A The development of a board in which --
 14 there was always a board, and the founders and the
 15 CEOs -- co-CEOs worked within the context of that
 16 board, and gradually they introduced, as observers
 17 in many cases and eventually members, other
 18 people.
 19 Q Okay. So do you remember when you
 20 joined the board of Purdue Frederick?
 21 A I do not.
 22 Q Do you remember -- did you join the
 23 board of Purdue Pharma at some point?
 24 A My recollection is at inception when

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1 Purdue Pharma was organized.
 2 Q And you also had various staff functions
 3 at Purdue Pharma; is that correct?
 4 A That is correct. After it was
 5 organized, I had staff functions.
 6 Q And what year was Purdue Pharma
 7 organized?
 8 A I don't recall precisely.
 9 Q Okay. And was your first job at Purdue
 10 as an assistant to your father Raymond?
 11 A I don't recall, but -- but it doesn't do
 12 violence to any contrary memory.
 13 Q And did you serve as vice president for
 14 the medical department at Purdue Pharma?
 15 A For a brief time.
 16 Q And do you remember when that was?
 17 A Early '80s.
 18 Q And as vice president of the medical
 19 department, did you have a role in product
 20 development?
 21 A I did.
 22 Q And what about clinical research?
 23 A I did.
 24 Q And who reported to you directly?

Highly Confidential - Subject to Further Confidentiality Review

1 A I don't remember.
 2 Q And did you subsequently become director
 3 of sales and marketing?
 4 A Again, for a brief period.
 5 Q Okay. And do you remember when that
 6 was?
 7 A I believe that was around 1983 or '84.
 8 Q And do you know how long you served in
 9 that role?
 10 A I was assigned in a sense as the act --
 11 in a real sense as the acting, and part of my
 12 assignment was to identify candidates for that
 13 position and bring them forward to the CEOs.
 14 Q And was a candidate selected?
 15 A Yes.
 16 Q And who was that?
 17 A Well, this is a -- this is a memory
 18 test, but luckily I did hit the right synapse -- a
 19 man named Michael Fleming.
 20 Q Fleming or Friedman?
 21 A No, it wasn't Friedman. It was
 22 Michael --
 23 Q Fleming.
 24 A -- Fleming.

1 Q Okay.
2 A I'm not so sure of his first name. I'm
3 quite confident that was his last name.
4 Q Okay. And after serving as director of
5 sales and marketing, did you become president of
6 Purdue Pharma?
7 A Much later.
8 Q And what did you do -- were you on staff
9 in the interim?
10 A I was a staff assistant facilitator to
11 Mortimer and Raymond, and was expected to focus on
12 R&D, medical, and marketing and sales. And R&D,
13 medical -- I'm trying to remember. It will come
14 to me. There may have been one other function.
15 It was not the whole company.
16 Q Okay. And those were the roles you
17 served in until you became president of Purdue
18 Pharma; is that correct?
19 A It didn't change much.
20 Q Your duties didn't change much when you
21 became president?
22 A That's correct.
23 Q Okay. And you became president in 1999.
24 Does that sound right?

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1 executive officers. Mortimer was chairman of the
2 board. Raymond was managing other functions. But
3 I don't have a clear notion of the history.
4 Q And -- and at some point Raymond left
5 the company, correct?
6 A No.
7 Q No?
8 A No.
9 Q Stayed until he passed away?
10 A He did. He worked the day before he was
11 stricken ill.
12 Q And so you were their assistant in
13 carrying out those functions, correct, and those
14 functions you described, marketing, R&D and
15 business development?
16 A Until they gave up the CEO position when
17 I left, when I resigned as a -- as an executive in
18 the business.
19 Q And when was that?
20 A When Michael Friedman was appointed, and
21 it was early in 2003, I believe.
22 Q And you remained on the board of Purdue
23 Pharma at that point?
24 A I did.

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1 A Very, very -- at the end -- at Christmas
2 break time, yes. So I would think a more accurate
3 functional position was the beginning of 2000.

4 Q Okay. And as president of Purdue
5 Pharma, were you basically the chief operating
6 officer of the company?

7 A I never held that title, and the answer
8 to that would be, no, I was not.

9 Q What was your responsibility as
10 president of Purdue Pharma?

11 A To contribute to the success of the
12 business, particularly in R&D, medical -- I now
13 remember -- corporate development, that is
14 acquisitions and licenses, and marketing and
15 sales.

16 Q And so you were functionally the chief
17 executive responsible for those functions,
18 correct?

19 A I wasn't, no. The chief -- I never held
20 the chief executive title or the role.

21 Q So how did you interact with the person
22 who held that role?

23 A The founders, ever since they went into
24 business in Purdue Frederick, were co-chief

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Highly Confidential - Subject to Further Confidentiality Review

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 5 BY MS. SINGER:
 6 Q Do you know which members of the Sackler
 7 family remain on the Purdue Pharma board?
 8 A It's either one or zero.
 9 Q Is it fair to say that you were actively
 10 involved in Purdue's manage -- management both as
 11 a member of the staff and board member?
 12 A At what time?
 13 Q Throughout your tenure as a board member
 14 and staff person.
 15 MR. BERNICK: Objection to the form of
 16 the question.
 17 THE WITNESS: Should I answer it? Okay.
 18 MR. BERNICK: Yes.
 19 THE WITNESS: Okay. I was an active
 20 executive until 2003. After that, I was just a
 21 board member. And although I asked for
 22 information, it was in the role of being a board
 23 member.
 24 BY MS. SINGER:

Highly Confidential - Subject to Further Confidentiality Review

1 Q So you were not just a board member, you
 2 were an active board member, correct?
 3 MR. BERNICK: Objection to the form of
 4 the question.
 5 THE WITNESS: I don't -- was I an active
 6 board member? I think there were many active
 7 board members. I was -- maybe I was with -- you
 8 know, in that group.
 9 BY MS. SINGER:
 10 Q Okay. Well, let's -- let's turn to
 11 that. So -- start with that.
 12 (Sackler Exhibit No. 7 was marked
 13 for identification.)
 14 BY MS. SINGER:
 15 Q Okay. I'm showing you Exhibit 7.
 16 MR. BERNICK: It's about five to 12:00.
 17 THE WITNESS: Okay. Yeah, I would like
 18 to break.
 19 BY MS. SINGER:
 20 Q So Exhibit 7 is an Esquire article,
 21 perhaps a less good picture. "The Secretive
 22 Family Making Billions from the Opioid Crisis."
 23 Have you seen this article?
 24 A No, I have not seen this article.

1 Q You have not seen the Esquire article
 2 about the Sackler family?
 3 MR. BERNICK: Exhibit 7.
 4 THE WITNESS: Okay.
 5 MR. BERNICK: She's asking --
 6 BY MS. SINGER:
 7 Q Have you never seen this article before?
 8 A Is the date 2/28/2019?
 9 Q No. The article ran October 16, 2017.
 10 A Ah, low contrast. I --
 11 MR. BERNICK: Well, wait. If you want
 12 to read this, read, and then ask -- answer her
 13 question. I don't want you doing both at the same
 14 time.
 15 THE WITNESS: She asked me if I've seen
 16 it.
 17 MR. BERNICK: Yes.
 18 MS. SINGER: Yes.
 19 THE WITNESS: I don't remember whether I
 20 saw it or not.
 21 BY MS. SINGER:
 22 Q Okay. So at page -- okay. Let's turn
 23 to page 19.
 24 Tell me when you're there.

1 A There it is.
 2 MR. BERNICK: Yeah.
 3 BY MS. SINGER:
 4 Q It says: "Richard also had an appetite
 5 for micromanagement." Quote, 'I remember one time
 6 he mailed out a rambling sales bulletin,' said
 7 Shelby Sherman, a Purdue sales rep from 1974 to
 8 1998, 'and right in the middle he put in: If
 9 you're reading this, then you must call my
 10 secretary at this number and give her the secret
 11 password. He wanted to check and see if the reps
 12 were reading this shit. We called it 'Playin
 13 Passwords.'"
 14 Do you recall sending -- did you send
 15 e-mails with hidden passwords to see if the sales
 16 reps were reading them?
 17 MR. BERNICK: Move to strike the -- the
 18 statement about the article. Lack of foundation.
 19 And as to the question, I object on grounds of
 20 form.
 21 THE WITNESS: I do remember doing
 22 something that -- I don't remember "secret
 23 passwords," using that term. But I did during the
 24 brief period after the -- brief period I was

1 acting at marketing and sales, I did write
 2 bulletins, and I have a recollection I did the --
 3 I -- I did this once.
 4 BY MS. SINGER:
 5 Q For what reason?
 6 A I had written it very late at night, and
 7 I was wondering -- it just came to me, Gee, it
 8 would be interesting if people are going to read
 9 this far. It was pretty long, as I remember it.
 10 And so I was just curious. There was no purpose
 11 other than, Look, if nobody is reading it this
 12 far, maybe I should do something to either shorten
 13 it or make it more interesting.
 14 Q And then the article goes --
 15 MR. BERNICK: Wait. I'm sorry. Were
 16 you done?
 17 THE WITNESS: Make it more interesting.
 18 That's all.
 19 BY MS. SINGER:
 20 Q The article goes on: "According to
 21 Sherman, Richard stated -- Richard started taking
 22 a more prominent role in the company during the
 23 early 1980s." Quote, 'The shift was abrupt,' he
 24 said. 'Raymond was just so nice and so down to

1 earth and calm'" --
 2 A I'm sorry. Where are you reading? I'm
 3 having --
 4 Q The next sentence.
 5 A I'm having trouble. Thank you. I'm
 6 having trouble hearing you. I have to change my
 7 batteries. Why don't you start --
 8 Q So I'll read it again. "According to
 9 Sherman, Richard started taking a more prominent
 10 role in the company during the 1980s. 'The shift
 11 was abrupt,' he said. 'Raymond was just so nice
 12 and down to earth and calm and gentle. When
 13 Richard came in, things got a lot harder. Richard
 14 wanted Purdue to be big, I mean really big.'"
 15 You did want Purdue to be really big,
 16 right?
 17 MR. BERNICK: Hang on. Move to strike
 18 the statement from the article. Lack of
 19 foundation. And as the question that was posed,
 20 object on grounds of form.
 21 THE WITNESS: I wanted us to bring the
 22 benefits of our products to patients whose doctors
 23 felt would benefit from them. I don't ever -- I
 24 don't recall that being big was ever a motivation

1 of mine.
 2 MR. BERNICK: Linda, if -- we're now a
 3 little bit after noon. Whenever you get a chance
 4 to get --
 5 MS. SINGER: Okay. We'll finish this
 6 line.

7 BY MS. SINGER:

8 Q Your e-mails -- well, strike that.
 9 Let's turn to another -- Exhibit 8.
 10 (Sackler Exhibit No. 8 was marked
 11 for identification.)

12 BY MS. SINGER:

13 Q Do you recognize Exhibit 8?
 14 MR. BERNICK: I'm just tapping it. I'm
 15 not -- it's not for you. It's I don't want the
 16 sticky to come off.

17 THE WITNESS: Oh, okay.

18 BY MS. SINGER:

19 Q Exhibit 8 is an e-mail from you,
 20 Dr. Sackler --
 21 A Yes.
 22 Q -- to Michael Friedman dated 12/23/96,
 23 subject line: "Your vacation."
 24 Does this e-mail seem familiar to you?

1 A Not what I've read so far. I don't
 2 remember --

3 MR. BERNICK: Just -- just read it then
 4 so that she can ask you questions.

5 THE WITNESS: Okay. Okay.

6 MR. BERNICK: You want to --

7 BY MS. SINGER:

8 Q Let me read it and see if it refreshes
 9 your recollection.

10 So Michael Friedman was at this point
 11 CEO of Purdue Pharma; is that correct, 1996?

12 A Yes. I was just --

13 Q And he says --

14 A Wait -- no, he was not CEO.

15 Q What was his role?

16 A I'm sorry. I miss -- I misprocessed.

17 He was a vice president at this time.

18 I'm trying to think when he joined. Is there
 19 any con- -- job content in here that would help me
 20 or not?

21 Q Well, why don't I read it and we'll see
 22 if it --

23 A Sure.

24 Q -- refreshes your recollection.

1 A Okay. All right.
 2 Q It says: "You need a vacation, and I
 3 need a vacation from your e-mail." This is
 4 Michael Friedman writing. "Today you sent
 5 messages that," colon, "announced your personal
 6 disappointment with the Abbott arrangement,
 7 expressed your fears that we would be embarrassed
 8 by the way we have handled Nakahara, and we will
 9 not communicate to the organization that you think
 10 our forecast for OxyContin is a silly number, and
 11 it is not. I completely disagree with your views
 12 on each of these matters. In addition to these
 13 insults and backhanded compliments, you sent me a
 14 barrage of trivial follow-up messages."

15 Does that refresh your recollection
 16 about this communication?

17 A No.

18 Q Did you have concerns about Michael
 19 Friedman's work?

20 MR. BERNICK: Objection. Form. What
 21 time?

22 BY MS. SINGER:

23 Q The time of this e-mail.

24 A No. I had -- I was aware of nothing

1 that would have given me concerns.

2 Q So what he's --

3 A I can't remember anything that would
 4 have given me concern, but I don't think I had any
 5 concerns.

6 Q Did he report to you during this time
 7 period?

8 A '96. He didn't report to me officially,
 9 but I had enormous respect for his intelligence,
 10 his knowledge, his creativity, and his management
 11 skills. In fact, he taught me a lot that improved
 12 my management skills, but he had a kind of a rough
 13 way of doing it, such as in this. Basically,
 14 you're wasting your time kind of -- I just
 15 paraphrased it, as I just glanced at that. This
 16 is not an attempt to parse it.

17 "Richard, you're wasting your time," and
 18 so on, and really, you know, just lay off, you're
 19 sending too many -- too much to me, I assume he's
 20 saying.

21 Q And that was a fairly common theme --

22 A Yeah.

23 Q -- in your interactions with staff, was
 24 it not?

1 MR. BERNICK: Objection to --
 2 THE WITNESS: Sorry.
 3 MR. BERNICK: Objection to form, time.
 4 THE WITNESS: I wouldn't call it a
 5 theme, but I would say that he was not shy to tell
 6 me when he thought I was doing something that I
 7 shouldn't do, and I listened to him over time.
 8 But I did listen to him.

9 BY MS. SINGER:

10 Q But it wasn't just Michael Friedman who
 11 expressed concerns about your micromanagement, was
 12 it?

13 MR. BERNICK: Objection to form, time.
 14 THE WITNESS: I don't remember -- I just
 15 don't remember whether there were objections,
 16 stated objections.

17 MS. SINGER: Well, excuse me a minute.

18 (Sackler Exhibit No. 9 was marked
 19 for identification.)

20 BY MS. SINGER:

21 Q Okay. Exhibit 9. Perhaps this will
 22 remind you of other objections. It's an e-mail
 23 chain that starts from John Stewart. I'm sorry,
 24 to John Stewart from Russell Gasdia, March 8th,

1 2012.
 2 Do you recall this e-mail?
 3 A Yes.
 4 Q And it says in an e-mail from Russell
 5 Gasdia -- and who was Russell Gasdia?
 6 A Russell Gasdia -- what's the date here?
 7 3/8/2012. My best recollection, it may be
 8 imperfect, was that he was head of sales or he was
 9 head of marketing and sales, but I don't remember
 10 which.

11 Q Okay. And at the bottom of the top --
 12 the bottom of the first page is an e-mail from
 13 you.

14 A Mm-hmm.

15 Q And it says -- perhaps you can read it,
 16 Dr. Sackler. "This is bad."

17 A Yes.

18 Q So I won't ask you to read it. "This is
 19 bad."

20 And you're talking here about Butrans
 21 sale; is that -- sales; is that correct?

22 A That is correct.

23 Q And then Russell Gasdia forwards your
 24 comment, "This is bad," to John Stewart, correct,

1 in the e-mail above it?
 2 A Yes.
 3 Q And Russ says: "This is taking a lot of
 4 David's energy."
 5 Do you know who David is?
 6 A I don't know.
 7 Q Could it be David Rosen?
 8 A It might have been, but I don't --
 9 Q "This is taking a lot" --
 10 A Is he named in the e-mail? I mean is it
 11 clear if you read the whole e-mail?
 12 Q So you can -- you're --
 13 A I said it could have been, but I don't
 14 remember just from this phrase.
 15 Q Right. If you look at the bottom of the
 16 chain again where you send the e-mail, you sent it
 17 to David Rosen.
 18 A Okay. That's reasonable then.
 19 Q Okay. So, "This is taking a lot of
 20 David's" --
 21 A It's an inference, but it's a reasonable
 22 inference.
 23 Q "This is taking a lot of David's energy,
 24 almost every day. I can assure you that Mike and

1 Windell are fully focused on improving these
 2 results. It isn't constructive to spend too much
 3 time on this as opposed to expending energy within
 4 my department of identifying the problem,
 5 developing the solutions and gaining
 6 implementation."

7 A Yes.

8 Q "Anything you can do to reduce the
 9 direct contact of Richard into the organization is
 10 appreciated. I realize he has a right to know and
 11 is highly analytical, but diving into the
 12 organization isn't always productive."

13 Do you recall hearing concerns from John
 14 Stewart or other staff about you diving into the
 15 organizational details?

16 MR. BERNICK: Move to -- move to strike
 17 the prefatory statement. And as to the question
 18 itself, I don't have an objection to the question
 19 itself.

20 THE WITNESS: Could you just restate the
 21 question? I kind of get lost quickly.

22 BY MS. SINGER:

23 Q Do you have a recollection of John
 24 Stewart raising concerns with you about diving

1 into the organization excessively?

2 A I do not.

3 Q And then John goes on, at the top of the
4 chain, John Stewart: "I work on this virtually
5 every day. Some with more success than others.
6 You are right about the ultimate solution. In the
7 meantime, when RSS" --

8 Which I presume is you?

9 A If he said RSS, yes, that almost
10 certainly was me, unless he mistyped it.

11 Q -- "when RSS does ask for data, I find
12 it best to just give it to him, but at the same
13 time repeat what I/we feel."

14 And again, you don't recall this being
15 raised with you?

16 A Pardon?

17 Q Do you recall this being raised from you
18 as something that John Stewart worked with you on
19 virtually every day?

20 A No, I don't -- that's an exaggeration,
21 but at that time John Stewart was ignoring what I
22 felt was clear evidence that the launch didn't do
23 and wouldn't do what we had hoped for. It was
24 going to fall short by a lot.

1 Q In terms of its sales?

2 A In terms of its sales, and at that time
3 we had already introduced the product in multiple
4 countries, most of which embraced it. And it was
5 an extremely success -- by that time, it was an
6 extremely successful product in a dozen countries,
7 and I was very hopeful when we launched it here,
8 but it wasn't successful at all in the United
9 States.

10 And my recollection is I'd go to John
11 and say, If we don't make some substantial
12 changes, we ought to reduce the investment behind
13 it. And he just kept saying the same thing, It's
14 too early, it's too early, it's too early. So
15 that discussion didn't take place every day.
16 Periodically. It was unusual in that --
17 unusual -- well, no, I -- my memory could be
18 faulty here. I don't think I want to follow that
19 theme.

20 He just didn't agree, and I was trying
21 to persuade him that we either had to change
22 the -- so we had to change some things that were
23 significant, he had to change -- he had to change
24 or organize people to propose changes, or just

1 dramatically reduce the promotional spend.

2 Q And this -- this was an issue of real
3 concern for you. Right?

4 A I was -- no, real disappointment. Not
5 concern. I was disappointed because we had hoped
6 to -- that this product in the United States would
7 accomplish not only sales but would displace
8 OxyContin sales and morphine sales, not just
9 necessarily ours, with a safer, much safer dosage
10 form and a much safer molecule than any of the
11 other strong opioids.

12 MS. SINGER: So you had asked for a
13 break?

14 MR. BERNICK: Yes, sure.

15 THE WITNESS: That would be good for me.
16 Thank you.

17 THE VIDEOGRAPHER: Going off the record
18 at 12:13 p.m.

19 (Lunch recess.)

20 THE VIDEOGRAPHER: Back on the record at
21 12:57 p.m.

22 BY MS. SINGER:

23 Q All right. Dr. Sackler, before the
24 break you were talking about the fact that you

1 weren't actively involved in the day-to-day
2 management of Purdue Pharma.

3 Is that a correct characterization of
4 your testimony?

5 MR. BERNICK: Objection to form.

6 THE WITNESS: Would you put some time
7 bracket around that?

8 BY MS. SINGER:

9 Q So let's say first from 2003 forward.

10 A From three to four?

11 Q From 2003 forward, meaning --

12 A Oh, forward. Forward. I'm sorry.

13 Q That's okay.

14 A I should have changed the batteries. My
15 apologies.

16 Yes. That's true.

17 Q Okay. Now, you were actively involved
18 in -- in questioning and directing sales fore- --
19 sales forecasts. Is that true?

20 A No.

21 Q Okay. Let's go to 7 --

22 A Oh, correction. Re- -- may I readdress
23 that? Because you included two things.

24 Correcting sales forecasts and --

1 Q Questioning and directing.
 2 A Questioning, yes, I did do that from
 3 time to time. Directing sales forecasts, no.
 4 Never -- I have no recollection of doing that.
 5 Q Okay. Exhibit No. 10.
 6 (Sackler Exhibit No. 10 was marked
 7 for identification.)
 8 BY MS. SINGER:
 9 Q Exhibit 10 is an e-mail from you to JDS
 10 dated August 3rd, 1999. And the subject line is
 11 "Daily sales."
 12 Do you recall this e-mail?
 13 A So far, no. I haven't read it through.
 14 Q Okay. Would JDS be John Stewart?
 15 A No.
 16 Q Who would it be?
 17 A JDS would be --
 18 Q Jonathan Sackler?
 19 A Yes. Another board member.
 20 Q Okay. So this e-mail, if you turn to
 21 Bates number 728, the second page, involves daily
 22 sales distributions. Correct?
 23 A Daily sales what?
 24 Q Distributions.

1 MR. BERNICK: You have to turn the page,
 2 Dr. Sackler.
 3 THE WITNESS: Oh, sorry.
 4 BY MS. SINGER:
 5 Q Is that correct?
 6 Certainly the subject line reads "Daily
 7 sales."
 8 A That's what it says.
 9 Q Okay.
 10 A I'm trying to remember this. I don't
 11 think I recall this.
 12 Q Okay. Let's go back to the first page.
 13 Do you see the bottom of the e-mail chain, Michael
 14 Friedman --
 15 A Yes.
 16 Q -- e-mails you and says: "This is
 17 good." Do you see what I'm referring to?
 18 A Yes.
 19 Q Okay. And then up above that, you
 20 respond to Michael Friedman and you say: "Ah, not
 21 so great. After all, if we are able to do 900
 22 million this year, we should be running at 7 --
 23 75M," meaning million, "a month. So it looks like
 24 this month could be 80 or 90 million. Bah,

1 humbug. Yawn. Where was I?"
 2 See where I've read?
 3 A Yes.
 4 Q And is that an accurate --
 5 A Reading?
 6 Q Yes.
 7 A But it was -- it was -- in a sense I
 8 was -- I was responding, and it was sarcastic.
 9 That you can't read in it. But he took it as a
 10 criticism.
 11 But I'm quite sure with that result, I'm
 12 -- I'm -- I believe -- I believe my memory is that
 13 with this result and at that time, I didn't have
 14 any -- any serious reservation -- certainly not
 15 with this result. It was a sarcastic, humorous
 16 comment.
 17 Q Well, then Michael Friedman goes on to
 18 say: "Like my wife, you take me for granted."
 19 A Maybe I -- I took that to mean that he
 20 was joking back with me. He was sharing a
 21 different joke.
 22 Q And then you say, "Gentle reminder," as
 23 if to suggest you want to do better. Is that not
 24 right?

1 A I don't recall.
 2 Q You --
 3 A But I stand by what I did say. It looks
 4 like -- similar to a verbal exchange where
 5 somebody says, Ah, not so great, and he comes
 6 back, You will miss me when I'm gone. You're like
 7 my wife. Yeah, I -- that's how I read it.
 8 Q Okay. Well, there are lots of other
 9 e-mails in which you raised questions and concerns
 10 about sales performance and forecasts.
 11 Do you recall those communications?
 12 MR. BERNICK: Objection. Time.
 13 THE WITNESS: No, I -- there were
 14 communications about all kinds of things, and I
 15 don't recall any one.
 16 BY MS. SINGER:
 17 Q Okay. Well, there certainly was a drum
 18 beat of them, Dr. Sackler.
 19 Not focusing on any one in particular,
 20 but here's one, an e-mail from you to Ed Mahony
 21 dated January 31st, 1997. So this is even earlier
 22 in your tenure.
 23 MR. BERNICK: Move to strike. I'm
 24 sorry, there's not a question.

1 BY MS. SINGER:

2 Q Can you see on the bottom of the first
3 page, this is another daily sales report,
4 according to the subject, correct?

5 MR. BERNICK: That -- move to strike the
6 prefatory statement. No objection to the
7 question.

8 BY MS. SINGER:

9 Q Are you with me?

10 A Could you re- -- could you restate --

11 Q I'm just saying this refers to daily
12 sales, correct?

13 A This appears to.

14 Q Okay. And then you send an e-mail --

15 A Actually, the -- just a small
16 correction. My comment is a question, a factual
17 question. "Any chance" -- I was asking Ed.

18 Q So I haven't asked you a question?

19 A Sorry.

20 MR. BERNICK: So wait for her to ask you
21 a question.

22 THE WITNESS: Okay.

23 BY MS. SINGER:

24 Q So daily sales. You say: "Any chance

1 we presumably can top 9,000 sales this month?

2 10,000? Whatever. It would be a great sales
3 motivator for the SF" --

4 Which I presume means sales force?

5 A Yes.

6 Q -- "to have the absolute biggest number
7 for Oxy for the first month of 1997. Please
8 consider what can be done."

9 Have I read that accurately?

10 A I believe you've read every word
11 accurately.

12 Q And that was not a question. It was a
13 direction to do --

14 A No.

15 Q -- what they could.

16 A No. It starts, "Any chance."

17 Q And then ends, "Please consider what can
18 be done." And then --

19 A And that's a question too. I'm sorry to
20 interrupt you, but that was a question. I didn't
21 know -- I had nothing in mind, and I was just
22 saying, Is there anything you can do by reference
23 to --

24 Q Increase sales.

1 A He was not on the sales force. He was a
2 CFO. And he at one time -- maybe then, I don't
3 recall -- ran the order processing systems and the
4 sales desk and so forth.

5 I was just asking, any ideas? Because,
6 as I said, it would be a great motivator.

7 Q And then you say: "Not just a question,
8 but whoever reads this first, conference call the
9 others. I would even stay open an extra hour to
10 make wonders happen." Correct?

11 MR. BERNICK: Objection to form.

12 BY MS. SINGER:

13 Q Have I read that correctly?

14 A Can you point out -- point this out?

15 Q The last paragraph where you've written
16 in all caps.

17 A The last paragraph.

18 Q So on the first page in the middle, the
19 second paragraph.

20 A Oh, there. Okay. I see. The same
21 place.

22 Q Okay. And then at the top, in the
23 middle of the first chain, you even say: "What
24 would be involved in getting the DEA down to the

1 factory today? Is that necessary? How much is in
2 the system yet to be input?"

3 Have I read that correctly?

4 MR. BERNICK: Are you with her?

5 THE WITNESS: I have to read it again
6 because I don't get --

7 MR. BERNICK: She's now up --

8 THE WITNESS: Right.

9 MR. BERNICK: -- to, if I'm right, this
10 one up at the top.

11 MS. SINGER: Mm-hmm.

12 MR. BERNICK: Yeah, you were looking at
13 this one up here.

14 BY MS. SINGER:

15 Q And so here you're asking him whether
16 you could even get the DEA down to push more
17 orders out of the factory, correct?

18 A I don't remember what this referred to
19 at all.

20 Q Okay. It doesn't show a lot of patience
21 for increasing sales numbers, does it,

22 Dr. Sackler?

23 MR. BERNICK: Objection to form.

24 THE WITNESS: I -- when -- one of

1 techniques was to try to stimulate out of the box
 2 or new -- new thinking. And these questions were
 3 not directions. They were indicative of -- in all
 4 statements, indicative of the fact that I was
 5 trying to stimulate him. Not to just say, No,
 6 there's nothing I can do, but to think about it.
 7 BY MS. SINGER:

8 Q But, Dr. Sackler, you're sending this
 9 e-mail as an owner of this company with detailed
 10 questions and directions about factory orders and
 11 sales projections.

12 You think that's really just about
 13 stimulating questions?

14 MR. BERNICK: Objection. Lack of
 15 foundation.

16 THE WITNESS: That was -- that was my
 17 technique, and that's what it was about. I --

18 (Sackler Exhibit No. 11 was marked
 19 for identification.)

20 MS. SINGER: Okay. Let's go to
 21 Exhibit 12.

22 MR. BERNICK: Did you want -- did you
 23 finish your answer?

24 THE WITNESS: Pardon? Yeah.

1 BY MS. SINGER:

2 Q Exhibit 12.

3 (Sackler Exhibit No. 12 was marked
 4 for identification.)

5 BY MS. SINGER:

6 Q Do you recognize this document titled
 7 "What do we want to be when we grow up?"

8 A I don't remember it.

9 Q So if you go to the third page, it's
 10 signed, "Richard Sackler, November 23, 1999."

11 Do you see where I'm reading?

12 A Okay.

13 Q Is this a document you wrote?

14 A It looks that way.

15 Q Okay. And if you look at the second
 16 page -- I'm sorry, turn back to the first page.

17 A First page?

18 Q First page, at the very --

19 A Third page --

20 Q No, I'm sorry, first. First page.

21 A I'm sorry. Yes.

22 Q "What I am thinking about here is that
 23 this may be a very" --

24 A I'm sorry. Oh, here it is.

1 Q Yep.

2 -- "a very" --

3 A The penultimate sentence. Okay.
 4 Q "What I am thinking about here is that
 5 this may be a very special time of opportunity,
 6 and that if we make the best of our opportunities
 7 now, we will achieve our 10-in-10 goal in the 2007
 8 or 2008 time period or even go beyond this
 9 daunting vision."

10 Is that what you wrote in this document?

11 A That's what it says here.

12 Q And had you set a goal for Purdue to
 13 reach 10 billion of sales in 10 years -- \$10
 14 billion of sales in 10 years?

15 A I don't remember. I don't remember.

16 Q Okay.

17 A I hadn't set it. And whether it had
 18 been articulated by anybody, I don't recall.

19 Q Okay. Except here in this memo you
 20 wrote --

21 A Well, I guess you've searched for it
 22 elsewhere. You're sharing that information?

23 MR. BERNICK: That's not up to --

24 THE WITNESS: Oh.

1 MR. BERNICK: It's up to you to answer
 2 the questions.

3 THE WITNESS: Okay. I just don't know
 4 who came up with the 10-in-10 goal or if it in
 5 fact was articulated or what this refers to.

6 BY MS. SINGER:

7 Q But here you are --

8 A It could have -- could have also been --
 9 I can't even interpret it as 10 billion. It could
 10 have been improving our relative size in the
 11 ranking, rank size, by 10.

12 I just don't remember.

13 Q The rank of what?

14 A Pardon?

15 Q The sizing --

16 A The ranking, IMS publishes a ranking of
 17 pharmaceutical companies by size. We were about
 18 30 or something. I don't -- I don't remember.

19 Q It doesn't seem like you would want to
 20 be --

21 A We were nowhere near ten.

22 Q It doesn't sound like you'd want to be
 23 10 in 10, though.

24 A Pardon?

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Term	Percentage (%)
Organic	100
Non-GMO	100
Gluten-free	100
Low-fat	100
Low-carb	100
Low-sugar	100
Low-calorie	100
Low-sodium	100
Low-cholesterol	100
Low-fat	100
Low-carb	100
Low-sugar	100
Low-calorie	100
Low-sodium	100
Low-cholesterol	100
Organic	100
Non-GMO	100
Gluten-free	100
Low-fat	100
Low-carb	100
Low-sugar	100
Low-calorie	100
Low-sodium	100
Low-cholesterol	100
GMO	70

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists the terms, and the x-axis shows the percentage from 0% to 100% in 10% increments. The bars are grey with black outlines.

Term	Percentage
1	100%
2	95%
3	90%
4	85%
5	80%
6	75%
7	70%
8	65%
9	60%
10	55%
11	50%
12	45%
13	40%
14	35%
15	30%
16	25%
17	20%
18	15%
19	10%
20	5%
21	0%

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Term	Percentage
GDP	100
Inflation	95
Interest rates	90
Central bank	85
Monetary policy	80
Deflation	75
Stagflation	70
Quantitative easing	65
Trade deficit	60
Interest rate hike	55
Monetary紧缩	50
通货紧缩	45
量化宽松	40
逆回购	35
降息	30
加息	25
降准	20
央行政策	15
通货膨胀	10
经济衰退	5

Horizontal bar chart showing the mean number of species per site for 20 different sites. The y-axis is labeled 'Site' and the x-axis is labeled 'Mean Number of Species'.

Site	Mean Number of Species
1	~85
2	~75
3	~95
4	~88
5	~92
6	~78
7	~80
8	~90
9	~82
10	~70
11	~85
12	~95
13	~88
14	~92
15	~75
16	~80
17	~90
18	~82
19	~70
20	~85

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Term	Percentage
GMO	92%
Organic	88%
Natural	85%
Non-GMO	82%
GMO	80%
Organic	78%
Natural	75%
Non-GMO	72%
GMO	70%
Organic	68%
Natural	65%
Non-GMO	62%
GMO	60%
Organic	58%
Natural	55%
Non-GMO	52%
GMO	50%
Organic	48%
Natural	45%
Non-GMO	42%
GMO	40%
Organic	38%
Natural	35%
Non-GMO	32%
GMO	30%
Organic	28%
Natural	25%
Non-GMO	22%
GMO	20%
Organic	18%
Natural	15%
Non-GMO	12%

16 Q And sales forecasts were also used in
17 seeking quota from the DEA, was it not?

18 A I don't know that. That's a procedure
19 that I was not -- I can't relate that I was ever
20 involved in, except the first allocation for
21 MS Contin, morphine. Because the DEA set our
22 allocation so low that we could only make one
23 strength, not both. So we -- I did get involved
24 in getting information from Europe about what they

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1 thought -- what they would do in that
2 circumstance.

A horizontal bar chart showing the percentage of respondents who have heard of various terms. The y-axis lists terms, and the x-axis shows percentages from 0% to 100%. The bars are grey.

Term	Percentage
Healthcare	98
Medical	95
Health	92
Healthcare system	88
Medical system	85
Healthcare reform	82
Medical reform	78
Healthcare insurance	75
Medical insurance	72
Healthcare technology	68
Medical technology	65
Healthcare policy	62
Medical policy	58
Healthcare access	55
Medical access	52
Healthcare equity	48
Medical equity	45
Healthcare disparities	42
Medical disparities	38
Healthcare quality	35
Medical quality	32
Healthcare cost	28
Medical cost	25
Healthcare resources	22
Medical resources	18
Healthcare delivery	15
Medical delivery	12
Healthcare innovation	10
Medical innovation	8

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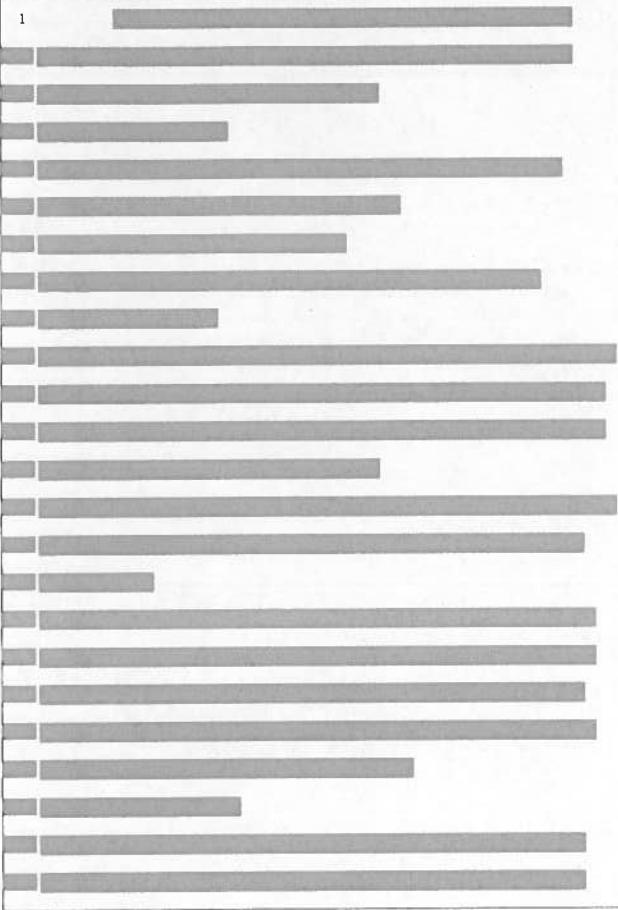
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Term	Percentage
GDP	95
Inflation	92
Interest rates	90
Monetary policy	75
Central bank	70
Debt	68
Recession	65
Unemployment	62
Bank	58
Banknotes	55
Banking	52
Banker	48
Banking system	45
Banking system crisis	42
Banking system crisis in 2008	38
Banking system crisis in 2009	35
Banking system crisis in 2010	32
Banking system crisis in 2011	28
Banking system crisis in 2012	25
Banking system crisis in 2013	22
Banking system crisis in 2014	18
Banking system crisis in 2015	15
Banking system crisis in 2016	12
Banking system crisis in 2017	10
Banking system crisis in 2018	8
Banking system crisis in 2019	5
Banking system crisis in 2020	3
Banking system crisis in 2021	2
Banking system crisis in 2022	1
Banking system crisis in 2023	0

Service	Percentage
Health services	85%
Social services	80%
Financial services	75%
Legal services	70%
Employment services	65%
Education services	60%
Other services	55%

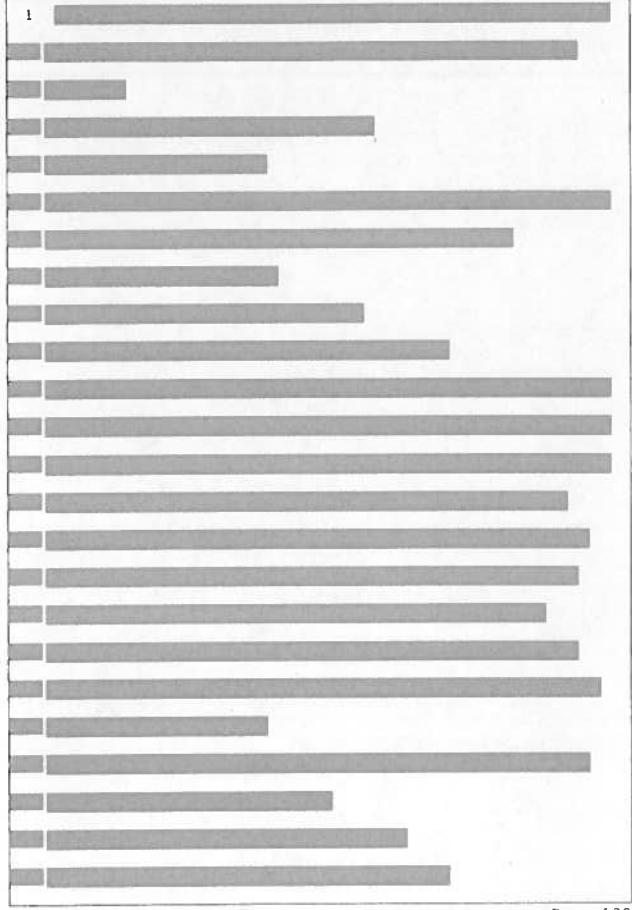
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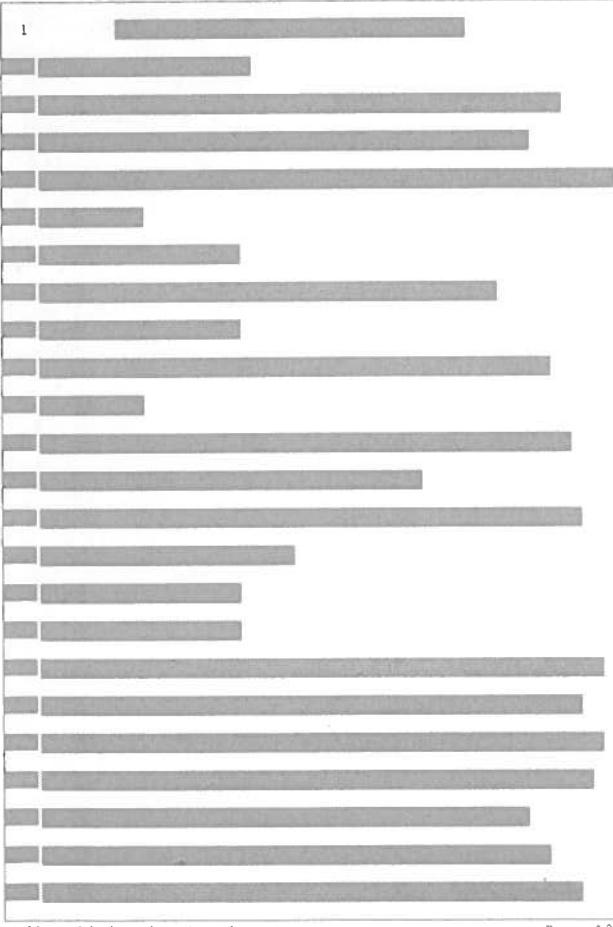


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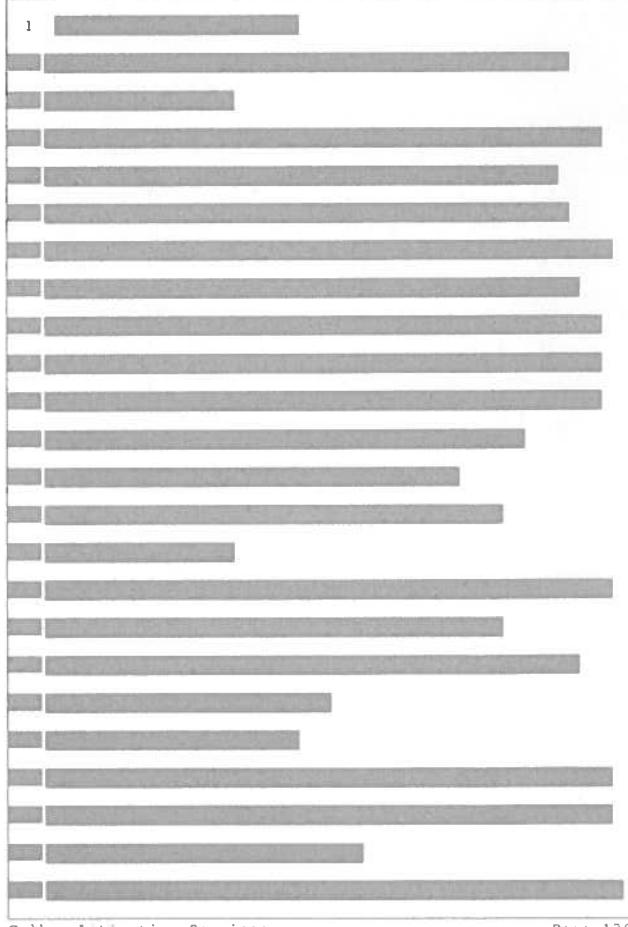
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1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 Q Do you think --
 11 A Yeah.
 12 Q Do you think you were considered
 13 aggressive or difficult to please in sales
 14 forecasts?
 15 MR. BERNICK: Objection -- objection to
 16 form. Lack of time frame.
 17 THE WITNESS: Should I answer it?
 18 MR. BERNICK: Oh, absolutely.
 19 THE WITNESS: Could you repeat the
 20 question, please?
 21 MR. BERNICK: Sorry.
 22 BY MS. SINGER:
 23 Q Do you think you were considered
 24 aggressive or difficult to please on sales

1 fore- -- forecasts?
 2 A I wasn't consistently aggressive. I
 3 don't know what other people considered.
 4 Q Okay.
 5 A But I wasn't consistently aggressive.
 6 Again, I remind you of Norspan. I felt that
 7 management was not facing the probability that I
 8 saw that we would fall very short of our long-term
 9 goals. So we either had to make a change in
 10 how -- in those goals, and then act accordingly,
 11 or we had to make a change that would bring us
 12 closer to those goals. So there I wasn't
 13 aggressive. I was the opposite.
 14 But in one sense, I was aggressive. I
 15 pressed points forward. And I -- in the case of
 16 forecasts, I felt that there was -- and not all
 17 forecasts, some forecasts -- I felt they could
 18 have been -- if I had done them, I would have done
 19 them differently, as higher or lower. And that's
 20 very important for obvious reasons.
 21 Q But you felt they could have been
 22 higher, right?
 23 A No. I gave you an example of Norspan.
 24 (Sackler Exhibit No. 16 was marked

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1 for identification.)
 2 BY MS. SINGER:
 3 Q Well, let's look at Exhibit 16.
 4 So this is an e-mail from you,
 5 Dr. Sackler, again to Russell Gasdia about the
 6 Butrans forecasts dated February 15th, 2011.
 7 Correct?
 8 And here you're saying -- I'm sorry.
 9 Are you with me? Do you agree that's the e-mail?
 10 A That's the date.
 11 Q Okay. And you say: "Thank you. I had
 12 hoped for better results, but it is only a week."
 13 Is that what you wrote there?
 14 A I did. I said, "Thank you."
 15 Q And "I had hoped" --
 16 A My comment, "I had hoped for better
 17 results" was just a remark. No demand. No
 18 suggestion to do anything. I had hoped it would
 19 be better. But maybe I was wrong. I was wrong.
 20 Q So Exhibit 16 --
 21 A So is this -- I'm trying to locate this
 22 in timing. If I may.
 23 Q Excuse me?
 24 A I'm trying to remember when Norspan was

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1 launched. I can't recall the date. This would
 2 seem to imply it was a new launch, but I don't
 3 remember.
 4 Q Okay.
 5 A First of June -- okay.
 6 (Sackler Exhibit No. 17 was marked
 7 for identification.)
 8 BY MS. SINGER:
 9 Q All right. Let's go to Exhibit 17. Is
 10 another e-mail from you to Russell Gasdia. This
 11 is March 16th, 2011.
 12 A Yes.
 13 Q So here again, you're not just
 14 expressing your hope, but you're asking, "What
 15 else more can we do to energize the sales and grow
 16 at a faster rate?"
 17 MR. BERNICK: I'm sorry.
 18 BY MS. SINGER:
 19 Q Is that not your e-mail?
 20 MR. BERNICK: I was in the wrong place.
 21 I'm sorry.
 22 THE WITNESS: I'm sorry.
 23 MR. BERNICK: She's up -- she's up at
 24 the top here.

1 THE WITNESS: Oh. Okay. Thank you.
 2 Well, that was a positive way. I could
 3 have said, We're falling short consistently on our
 4 own plan. I could have said, What can we do? So
 5 I wrote it in a positive -- in what I thought
 6 would be a more positive sense.

7 BY MS. SINGER:

8 Q But, again, looking for more growth.

9 Let's -- let's --

10 A Because I saw very early that we were
 11 missing way below the goal, and I wanted -- I had
 12 hoped that Russ would help John Stewart process
 13 that. It never worked out. Whether he tried or
 14 not, I don't know.

15 Q And what you hoped they would do is
 16 increase sales. Correct?

17 A Either increase sales or reduce
 18 expenditure.

19 Q And seeing an e-mail where you're asking
 20 them to reduce expenditures. Are you aware of
 21 that --

22 A Pardon?

23 Q -- an occasion where you did that?

24 A I don't remember.

1 Q Okay. But --

2 A But as I said, I tried to express my
 3 view in the most positive way possible.
 4 Q And you were so actively involved in the
 5 sales operations that you actually went out and
 6 did a ride-along yourself with sales reps, did you
 7 not?

8 MR. BERNICK: Objection.

9 THE WITNESS: I don't --

10 MR. BERNICK: Excuse me. Objection to
 11 the form of the question.

12 THE WITNESS: Okay. But I should answer
 13 it?

14 MR. BERNICK: Of course.

15 THE WITNESS: I don't remember that I
 16 did. In fact, I think I -- I think from the
 17 correspondence I have seen, you may have more that
 18 point to my actually doing a ride-along. So if
 19 you do, then my memory is faulty. But my
 20 recollection having --

21 Well, am I allowed to talk about --

22 MR. BERNICK: No.

23 THE WITNESS: No? Okay.

24 MR. BERNICK: You can talk about what

1 your recollection is, but --

2 THE WITNESS: Okay. My recollection is
 3 I did no ride-alongs in the -- from the time I was
 4 president until this period or after. I hadn't
 5 done ride-alongs in many, many years by this time.

6 BY MS. SINGER:

7 Q But you did do ride-alongs early on,
 8 according to your recollection?

9 A When Michael started helping me as
 10 acting head of marketing and sales until I was
 11 able to replace a person who had been the head of
 12 marketing and sales for a long time, one of the
 13 things that he had in the action plan was that
 14 many people, both in the sales force and outside
 15 it, should do some ride-alongs. I remember that.

16 And he explained to me, although I can't
 17 recreate it, that I should do -- do one or two or
 18 three a year. I don't remember what he -- if he
 19 specified a number. I recall doing one for sure,
 20 maybe two.

21 They take a lot of time and a lot of
 22 energy, and I found it very interesting, very
 23 helpful. And it stimulated many ideas that I
 24 could go back to people and say, What do you think

1 about these -- these ideas? And are any of them
 2 look worthy of pursuing?

3 I had -- I don't recollect that I did
 4 one after that very brief period or I did one or
 5 two. And for whatever reason, I think there is
 6 one request to set it up, which was rebuked or
 7 rebuffed by Russ Gasdia or John Stewart or both,
 8 and I didn't go.

9 Q Then the request was from you, correct?

10 A Yes.

11 Q You wanted to do ride-alongs.

12 A No, I wanted to do one. I didn't
 13 request many.

14 Q Okay. And do you recall --

15 A But I said I'd like to do it. I don't
 16 remember what or why or what would the focus be, I
 17 don't remember. But I do -- I'm quite sure, not
 18 perfectly sure, but my recollection is I didn't do
 19 any because of the reaction.

20 I was a board member. I wanted to
 21 accumulate information. There was a strong
 22 negative reaction to my seeing what was going on
 23 in the field, whenever that was, 2008, two -- and
 24 I didn't press it. I let management steer me. If

1 they rejected my ideas, I didn't insist that they
2 do them.

3 Q Certainly not consistent with the
4 earlier e-mails where Michael Friedman was saying
5 he worked on it every day, reducing your
6 engagement in the operation.

7 MR. BERNICK: Objection to form.

8 THE WITNESS: I didn't hear what Michael
9 Friedman said.

10 BY MS. SINGER:

11 Q That he was working every day to reduce
12 your engagement in the day-to-day operations --

13 A Oh, okay.

14 Q -- of Purdue.

15 MR. BERNICK: Objection to form.

16 BY MS. SINGER:

17 Q How do you square that?

18 MR. BERNICK: Objection to the form of
19 the question.

20 THE WITNESS: He didn't have to really
21 work. He just had to -- and he didn't usually.
22 He just had -- he picked up the phone and said, I
23 don't think you should do this, or I think you're
24 out of line, or he's right. And I'd say that,

1 which you've seen. And I did not press any point.

2 I would discuss it with him if -- if I --

3 certainly if I didn't think he would explain why.

4 But I never insisted, ever, that I can recall.

5 MR. BERNICK: Are we getting to a good
6 point or --

7 MS. SINGER: Yeah, let me ask one last
8 question on this.

9 BY MS. SINGER:

10 Q So you talked about your early
11 ride-alongs. What was the -- or ride-along, one
12 or two, however many you did.

13 A One or two.

14 Q What was the sales message Purdue was
15 given -- was giving that you saw about the risks
16 and benefits of OxyContin?

17 MR. BERNICK: Objection.

18 THE WITNESS: That was long before
19 OxyContin.

20 BY MS. SINGER:

21 Q So which drug was it?

22 A At -- my recollection is we were selling
23 several drugs, but I can't remember which ones. I
24 remember I had ideas from Betadine and Senokot,

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1 and whatever prescription drug our sales force was
2 then focusing -- or drugs focusing on, and I had a
3 lot of ideas I had never heard, and I shared them
4 with the appropriate managers. And I don't
5 remember. My impression is a few of them were
6 agreed to to try. A lot of them were product
7 development ideas.

8 Q And were other marketing ideas?

9 A I don't remember.

10 MS. SINGER: Okay. All right. We can
11 take a break now.

12 MR. BERNICK: Thank you.

13 THE VIDEOGRAPHER: Going off the record
14 at 1:46 p.m.

15 (Recess.)

16 THE VIDEOGRAPHER: So we're back on the
17 record at 2:02 p.m.

18 BY MS. SINGER:

19 Q So, Dr. Sackler, we were talking about
20 some of the ways you were involved as a -- as a
21 board member. I want to return to some of the
22 things you did personally in -- in the operations
23 of Purdue Pharma.

24 So you were personally involved in

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1 setting the pricing of OxyContin, correct?

2 A Sorry, I didn't hear. There was --

3 Q You were personally involved --

4 A Okay.

5 Q -- in setting the price of OxyContin,
6 correct?

7 A I was told what the marketing and sales
8 department was going to propose to the board.

9 (Sackler Exhibit No. 19 was marked
10 for identification.)

11 BY MS. SINGER:

12 Q So Exhibit 19.

13 MR. WEINTRAUB: Did you have an 18?

14 MS. SINGER: Excuse me?

15 MR. WEINTRAUB: Did you have an
16 Exhibit 18?

17 MS. SINGER: No, we skipped 18, just to
18 keep things interesting.

19 BY MS. SINGER:

20 Q So Exhibit 19 is an e-mail from you to
21 you. But here it directs -- I'm sorry, it covers:
22 "The U.S. book price for OxyContin is slightly
23 below that of MS Contin. This is the comparison
24 on the graphs. We made this decision to encourage

1 substitution of MS Contin and to obtain managed
2 care formulary approvals."

3 Have I read that accurately?

4 A I'm a little hung up.

5 Q Excuse me?

6 A I -- just a second. This seems to
7 indicate I wrote myself and no one else an e-mail.
8 Is that correct?

9 Q That's what it shows. It could have
10 been --

11 A I don't think I wrote these -- this. It
12 was signed MF. From -- it says on top, "From
13 Richard Sackler to Richard Sackler."

14 Q You can e-mail yourself to remind
15 yourself of things --

16 A I know it's possible. I just don't do
17 that. I can't remember if I've ever done that. I
18 just can't remember.

19 Q But do you remember --

20 A And it's signed MF. So I don't think
21 this is an accurate --

22 Q Okay. Do you --

23 A -- printing.

24 Q Do you remember apart from this e-mail,

1 Dr. Sackler, that you were involved in discussions
2 about the pricing of OxyContin?

3 A I think I -- I think I agreed that
4 marketing, probably Michael Friedman, told me
5 about a price he wanted to have the board approve.
6 He explained it to me.

7 Q And were you involved in preparations
8 for meetings with the FDA?

9 A No, I was not.

10 (Sackler Exhibit No. 20 was marked
11 for identification.)

12 BY MS. SINGER:

13 Q Take a look at Exhibit 20, please.

14 A Thank you.

15 Q And this is an e-mail from you to
16 Marianna Sackler dated January 17th, 2009, yes?

17 A Yes.

18 Q And is this not an e-mail raising
19 suggestions from you in preparation for a meeting
20 between Purdue and the FDA?

21 A I'd have to read it. She was an
22 assistant to people in the medical department at
23 this time. And I certainly didn't make -- she --
24 she would have no place, and -- and I never

1 attended any meeting that she attended. I -- I
2 will have to read this too --

3 Q Does it not start with --

4 A -- what I meant, but --

5 Q "Here are my thoughts about the FDA
6 meeting next week and the planning for this
7 meeting."

8 MR. BERNICK: Wait. Where --

9 MS. SINGER: I'm at the very first line
10 of this e-mail.

11 THE WITNESS: Right. But it's
12 addressed --

13 BY MS. SINGER:

14 Q And then it goes through --

15 A -- to an entry level administrator.

16 Q Who's a Sackler.

17 A Not to a decision maker. So I was very
18 excited that she was working so hard. And I --
19 may I read this? Because I think it's going to --
20 I believe it will show that I was just trying to
21 teach her what -- you know, some things. But
22 without reading it, I can't be confident. She was
23 in that job for a year or less than a year. I
24 don't remember.

1 Q So here you are saying to her: "The
2 preparation for the meeting at the agency is at a
3 very high level of sophistication" --

4 A That's what she says.

5 Q "Preparing for every" --

6 A Oh.

7 Q It's an e-mail from you.

8 A Oh, it says, "The preparation" --

9 Q "Preparing for every eventuality we can
10 imagine will pay big dividends."

11 But we can move on from that.

12 A Yeah, I -- I don't think -- I'm sure I
13 did not convey my ideas to any decision maker
14 through her.

15 Q Okay.

16 MR. BERNICK: So just --

17 BY MS. SINGER:

18 Q Were you involved in planning for press
19 releases and press responses too, Dr. Sackler?

20 A Not that I can recall.

21 (Sackler Exhibit No. 21 was marked
22 for identification.)

23 BY MS. SINGER:

24 Q Okay. Let's go to Exhibit 21.

1 Is this an e-mail from you to Michael
 2 Friedman regarding a press release or similar
 3 promotion dated September 4, 1996?
 4 And if you look at the bottom page, you
 5 want to signal the licensing market for the
 6 product around the world.

7 A I'm sorry. You're going just a little
 8 too fast.

9 MR. BERNICK: Yeah, I -- Counsel, may I
 10 just ask that the witness this time just be given
 11 the opportunity to review the document first?
 12 Because these are -- these are lengthy -- these
 13 are chains, and he -- last time he didn't get to
 14 read the whole document. So I think he should be
 15 able to just read the document first.

16 MS. SINGER: Happy to do that. We'll
 17 just have to deal with the time.

18 MR. BERNICK: I -- I -- I get it. I
 19 would like to have this expedited. But I'm just
 20 concerned. So if you -- is there a particular
 21 part that you can focus on, and maybe you can take
 22 that out of context?

23 MS. SINGER: Mm-hmm.

24 BY MS. SINGER:

1 Q So is it not -- if you go to the very
 2 bottom of the chain, Dr. Sackler, an e-mail from
 3 you, August 23rd, '96, saying: "I think it's
 4 noteworthy to release information on OxyContin
 5 tablets" --

6 A Yeah.

7 Q -- "its use and success in the market,
 8 and the tremendous reception it received in
 9 Vancouver. The objectives of this release would
 10 be," and you go on to list them, and ask whether
 11 we should do single or multiple press releases at
 12 the end.

13 Is that not you weighing in on Purdue
 14 issuing a press release?

15 A I was told about or read a press release
 16 I didn't prepare because I never -- I have no
 17 recollection of ever preparing one.

18 Q Did you direct one to be prepared?

19 A This -- not to the company, but to --
 20 this is I think privileged. I did direct --

21 MR. BERNICK: That -- thank you.

22 THE WITNESS: Okay.

23 MR. BERNICK: So -- so maybe you --
 24 BY MS. SINGER:

1 Q So your testimony is you weren't
 2 involved in advising or directing the company on
 3 the subject of press releases --

4 A It wasn't the company. Right.

5 Q -- or press responses?

6 A But I --

7 Q Okay.

8 A -- think I can say -- so the answer, I
 9 was not involved in preparing press releases for
 10 the company.

11 Q Or directing that they be prepared?

12 A Or -- well, hoping they would be
 13 prepared when I was on the board, and this is a
 14 longstanding issue that went back years. And
 15 we -- it was -- the board was at times of the view
 16 that we should have more press coverage, in a very
 17 general sense. We should get our story out. But
 18 it was -- if it was directive, it was almost
 19 uniformly ignored by management.

20 Q And were you involved in facilitating
 21 the relationships between Purdue and various
 22 professional associations, like the American
 23 Academy of Pain Management or the American Pain
 24 Society, or was that something you also left to

1 staff?

2 MR. BERNICK: Objection to form. Lack
 3 of time frame.

4 THE WITNESS: I was not involved in
 5 that.

6 (Sackler Exhibit No. 22 was marked
 7 for identification.)

8 BY MS. SINGER:

9 Q Okay. Let's go to Exhibit 22.

10 So this is an e-mail from you to Paul
 11 Goldenheim, correct?

12 A Yes.

13 Q And its subject line is "Meeting at
 14 APS."

15 A Meeting at -- I'm sorry. Meeting at --
 16 yes.

17 Q And it's dated 4/13/2001, correct?

18 A Yes.

19 Q And if you look in the middle, there's
 20 an e-mail from Paul Goldenheim to you. Do you see
 21 where I am in the middle of the page?

22 A I see that. Starting "Not true."

23 Q That's right.

24 A I don't know what he's referring to,

1 but, yeah, I'm sure you will tell me.
 2 Q And he says: "Could you please just do
 3 this? You are the president, not the person who
 4 sets up meetings. Wires are getting crossed.
 5 David reports to Robert. Robert reports to me.
 6 You are giving one set of instructions. I am
 7 giving another. Tell me what you want and I will
 8 implement."

9 Are you not there directing the staff --

10 A I am --

11 Q -- on a meeting with the American Pain
 12 Society?

13 A I -- it was not my intention to direct
 14 the staff.

15 Q And are they not asking you to please
 16 get out of their way?

17 A They find me a pain in the ass, yes.
 18 Sorry for the vulgarity.

19 Q No. I just wonder if OxyContin works
 20 for that.

21 All right. Let's move on from --

22 A Can I --

23 MR. BERNICK: No, there is no
 24 question -- well, if you know --

1 THE WITNESS: I have no idea what this
 2 was about. I mean, I can't read that and
 3 understand. So -- okay.

4 BY MS. SINGER:

5 Q Let's shift -- let's shift to the launch
 6 of OxyContin.

7 A Yes.

8 Q Were you involved in the approval of the
 9 package insert or label for the initial OxyContin?

10 A No, I don't think I saw anything of the
 11 label or knew anything about the label until it
 12 was approved by the FDA. That's my recollection.

13 Q Okay. Can we go --

14 (Counsel conferring.)

15 (Sackler Exhibit No. 24 was marked
 16 for identification.)

17 BY MS. SINGER:

18 Q All right. We're skipping Exhibit 23.
 19 This is going to be 24.

20 And do you recognize Exhibit 24 to be
 21 the FDA's approval of the original label for
 22 OxyContin?

23 A I think -- reading the first paragraph
 24 sounds as if it's approval of the drug and the

1 label. But --

2 Q Okay.

3 A Is that correct?

4 Q You said both the drug and the label?

5 A I think so.

6 Q Okay.

7 A And everything else in the --

8 MR. BERNICK: Wait.

9 THE WITNESS: It was approval of the
 10 NDA. That's a huge document. So it really
 11 involves approval of hundreds --

12 MR. BERNICK: So, Dr. Sackler, if you
 13 could just --

14 THE WITNESS: Okay.

15 MR. BERNICK: -- wait for the question.

16 THE WITNESS: Sorry.

17 MR. BERNICK: She will ask another
 18 question.

19 BY MS. SINGER:

20 Q So if you go --

21 A Well, I had to amend it. It's approval
 22 of the NDA, yes.

23 Q Okay. And if you go to Bates
 24 number 753.

1 A Oh, sorry. You're asking me to turn the
 2 page. Okay.

3 MR. BERNICK: You see it's the last
 4 three digits, right?

5 THE WITNESS: Yes.

6 BY MS. SINGER:

7 Q Do you recognize page 753 to be the
 8 start of the package insert for OxyContin?

9 A This -- what you're saying, I have no
 10 difference with, but I'd like to point out -- no,
 11 there is no need. This probably is the start.

12 The sequence of elements in the NDA --
 13 in the label of drugs in general undergoes changes
 14 over time. So I don't remember if at this time
 15 this was the sequence. But if you say so, I have
 16 no reason to differ.

17 Q Okay. So let's turn to page 757.

18 A Good.

19 Q Do you see the section headed "Clinical
 20 Trials"? At the very bottom of the page.

21 A Oh. Oh. No, it says "Dosage and
 22 Administration" here.

23 Q 757.

24 A Oh, am I on the wrong --

1 MR. BERNICK: You're on 67.
 2 THE WITNESS: Oh, I'm sorry.
 3 MR. BERNICK: So let's go back --
 4 THE WITNESS: Please excuse me.
 5 MR. BERNICK: That's all right.
 6 THE WITNESS: Maybe if we had more light
 7 here, I would read it a little better. This is
 8 pretty small.
 9 BY MS. SINGER:
 10 Q All right.
 11 A Okay.
 12 Q "Clinical Trials"?
 13 A I had heard 767. Yes.
 14 Q Do you see the sentence that begins:
 15 "Efficacy comparable -- or comparable to other
 16 forms of oxycodone was demonstrated in clinical
 17 studies using pharmacokinetic, pharmacodynamic and
 18 efficacy outcomes."
 19 A I see that.
 20 Q And does that say that OxyContin showed
 21 comparable effectiveness to other oral oxycodones,
 22 other pills?
 23 MR. CHEFFO: Objection.
 24 THE WITNESS: It does say: "Efficacy is

1 comparable" --
 2 BY MS. SINGER:
 3 Q Not --
 4 A -- "to other forms of oral oxycodone."
 5 Q It doesn't say the efficacy is better
 6 than other forms of oxycodone. Correct?
 7 A That's correct.
 8 Q And on page 759, so flipping one page.
 9 A Proven better. That's correct. I just
 10 want to -- it was proven to be similar or the
 11 same.
 12 Q Okay.
 13 A Seven --
 14 Q Indications --
 15 A Okay. What --
 16 Q 759, just turn one page.
 17 A 59. Okay. Thank you.
 18 Q Indications and Usage.
 19 A I'm sorry.
 20 THE WITNESS: You guys have to remind me
 21 to change my battery.
 22 759. Where should I go? I didn't hear
 23 you.
 24 BY MS. SINGER:

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 1 Q Indications and Usage.
 2 MR. BERNICK: Indications and Usage.
 3 Here.
 4 THE WITNESS: Indications. Yes.
 5 BY MS. SINGER:
 6 Q And the indication for OxyContin was:
 7 "For the management of moderate to severe pain
 8 where use of an opioid analgesic is appropriate
 9 for more than a few days." Correct?
 10 A Yes.
 11 Q And the label doesn't give any specific
 12 pain conditions for which OxyContin is
 13 specifically approved, correct?
 14 MR. CHEFFO: Objection.
 15 THE WITNESS: If -- if it had given --
 16 yes, it doesn't say -- I agree with what you're
 17 saying.
 18 BY MS. SINGER:
 19 Q Okay. And then turn to 766, please,
 20 under Drug Abuse and Dependence.
 21 A Yes.
 22 Q Do you see the last sentence of the
 23 first paragraph: "Delayed absorption as provided
 24 by OxyContin tablets is believed to reduce the

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 1 abuse liability of the drug -- of a drug."
 2 A Yes. I see that.
 3 Q Now, you were -- let's see. I'm sorry.
 4 A Yeah.
 5 Q What -- what studies did Purdue
 6 undertake to demonstrate that delayed absorption
 7 reduced the abuse liability of OxyContin?
 8 MR. BERNICK: Objection. Lack of
 9 foundation.
 10 BY MS. SINGER:
 11 Q What studies, if any.
 12 MR. BERNICK: Same -- same objection.
 13 THE WITNESS: I don't --
 14 MR. BERNICK: Lack of foundation.
 15 Go ahead.
 16 THE WITNESS: I'm sorry.
 17 I don't recall if Purdue did any studies
 18 to demonstrate this.
 19 BY MS. SINGER:
 20 Q Okay. Let's go --
 21 A Or was -- but they surely were not asked
 22 to do it.
 23 Q But it was your label.
 24 A It was our --

1 MR. BERNICK: Objection.
 2 THE WITNESS: Yes, it was Purdue's
 3 label. But I was not involved in that sentence at
 4 all, and so I can't tell you whether it was the
 5 FDA that put it forward or Purdue. I don't know.
 6 BY MS. SINGER:

7 Q So I'm not asking about the origin.
 8 Simply that whether or not Purdue had conducted
 9 studies to support that assertion in its own label
 10 for its drug.

11 MR. BERNICK: Again, lack of foundation.
 12 It's also been asked and answered.

13 THE WITNESS: Yeah.

14 BY MS. SINGER:

15 Q So let's go to Exhibit --

16 A Is there -- is there a question there?
 17 No question. It's a declaratory statement. Okay.

18 Q That's grammatically correct.

19 (Sackler Exhibit No. 25 was marked
 20 for identification.)

21 BY MS. SINGER:

22 Q Exhibit 25 is an e-mail from Paul
 23 Goldenheim to you, correct?

24 MR. BERNICK: If you'd give me the page.

1 THE WITNESS: That's what it looks like.

2 BY MS. SINGER:

3 Q March 15th, 1997 is its date.

4 A I'm sorry, I didn't --

5 Q Its date is March 15th --

6 A Yes.

7 Q -- 1997.

8 THE WITNESS: Would it -- could we just
 9 go off the video so I can change the batteries? I
 10 think they've died.

11 MS. SINGER: Of course.

12 THE VIDEOGRAPHER: Going off the video
 13 record, 2:24 p.m.

14 (Recess.)

15 MR. BERNICK: So I understand that this
 16 document, which is -- which one is it, 25 now?

17 MS. SINGER: Mm-hmm.

18 MR. BERNICK: -- was also -- this is
 19 Sackler 1, it's marked Sackler 1. It's in the
 20 Kentucky deposition. It was the subject of
 21 examination at page 48.

22 So I'm told that there's no agreement,
 23 that they can't go back over exhibits from the
 24 Kentucky deposition, which is fine. But this now

1 is, of course, counting against their time. And I
 2 would think that there might be a better way to
 3 use time than to go back over the same subjects
 4 that were covered in the prior deposition.

5 All we're going to do is object that
 6 it's duplicative, and we'll see what happens to
 7 the time.

8 MS. SINGER: I don't think there is any
 9 basis in law to object to --

10 MR. BERNICK: Cumulative. Sure, there
 11 is.

12 MS. SINGER: -- duplication to the prior
 13 deposition, and I appreciate that you think it's
 14 not the best use of our time, but we'll go forward
 15 with the questioning that -- that we think is
 16 appropriate and relevant.

17 MR. BERNICK: So I -- I think it is
 18 cumulative. There's been prior testimony on this
 19 subject. It pertains to a period of time that
 20 predated the first deposition. They can use the
 21 first deposition, so I think it's duplicative. I
 22 object.

23 MS. SINGER: Do you want to do anything
 24 with that?

1 SPECIAL MASTER COHEN: No.

2 MS. SINGER: Okay.

3 (Recess.)

4 THE VIDEOGRAPHER: We're back on the
 5 video record at 2:34 p.m.

6 BY MS. SINGER:

7 Q All right. Returning to Exhibit 25,
 8 which is an e-mail from Paul Goldenheim to you --

9 A Right.

10 Q -- March 15th, 1997. Why don't you take
 11 a minute and look at it, please. Tell me when
 12 you're ready.

13 A (Peruses document.)

14 I think it would be helpful if you gave
 15 me a question, I might be able to answer it
 16 without -- okay. This is not very long. I'll
 17 just finish reading it.

18 (Peruses document.) Okay.

19 Q Ready?

20 A Yes.

21 Q Okay. So this e-mail involves the
 22 question of whether OxyContin should be classified
 23 as a controlled drug in Germany, correct?

24 A No.

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1 Q Okay.
 2 A That's not how I read it.
 3 Q So go ahead.
 4 A It's slightly different. This is an
 5 e-mail, it looks like, sent by Ian Claydon to a
 6 lot of people, and what it says is the BfArM was
 7 asked -- BfArM is the German equivalent of the
 8 FDA -- asked whether OxyContin would be classed as
 9 a controlled drug or whether it would be possible
 10 to obtain a relaxed status because of the
 11 difficulty in extracting OxyContin from the
 12 matrix.

13 Q Okay. And it's actually, though, an
 14 e-mail from you. Is it not?

15 A What I just read appears to be from
 16 Clay- --

17 Q From Dr. Richard Sackler to Ian Claydon.

18 A Oh, you are correct. Okay. So I was
 19 relating what I had heard.

20 Q Okay. And then --

21 MR. BERNICK: So maybe -- what -- have
 22 you read through the whole thing, Dr. Sackler?

23 THE WITNESS: I did, but I may have
 24 misread it. Look, I misread who sent it. So,

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1 thank you.

2 BY MS. SINGER:

3 Q Okay. So at the top of the e-mail, it's
 4 from Paul Goldenheim to you.

5 A Right.

6 Q And Paul Goldenheim says: "We do not
 7 have any abuse liability studies." Is that --

8 A That's what he says here.

9 Q Okay. Do you have any reason to believe
 10 that that's not accurate?

11 A No.

12 Q Okay. You didn't have, at the time that
 13 OxyContin was launched, a pharmacovigilance
 14 program set up, did you?

15 A I don't know.

16 Q Okay. Let's go to the transcript.

17 A I don't know when or I don't -- I'm not
 18 even clear what pharmacovigilance is, but I -- I
 19 don't know.

20 MS. SINGER: Do you have copies of it?

21 Okay.

22 So I'm going to give you in two pieces
 23 what we will mark as Exhibit 26, which is the
 24 transcript --

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1 You can hold on to that.

2 (Sackler Exhibit No. 26 was marked
 3 for identification.)

4 BY MS. SINGER:

5 Q -- the transcript of your deposition in
 6 the Kentucky litigation. And I've left it open to
 7 the page.

8 MR. BERNICK: Linda, it was 60, 61?

9 THE WITNESS: Oh, I see.

10 MR. BERNICK: 60, 61?

11 MS. SINGER: Yes, 61.

12 BY MS. SINGER:

13 Q And, Dr. Sackler, do you see the
 14 question: "Do you think it would have been a good
 15 idea before putting OxyContin controlled release
 16 on the market to have an abuse monitoring system
 17 and database from which to tell if it was being
 18 diverted or abused?"

19 And you respond: "Absolutely, yes."

20 MR. BERNICK: Hang on. So if -- he was
 21 looking at the other page when you asked the
 22 question.

23 THE WITNESS: Sorry.

24 MR. BERNICK: Maybe if he can just have

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1 an opportunity to read the few questions before
 2 that and then up through that question. Is that
 3 all right?

4 MS. SINGER: Mm-hmm.

5 THE WITNESS: (Peruses document.)

6 BY MS. SINGER:

7 Q So if you start at page 60 --

8 A That's page -- it looks like 16 and 27,
 9 but okay.

10 MR. BERNICK: No, it's --

11 THE WITNESS: If you tell me it's 60, I
 12 know you're --

13 MR. BERNICK: Yeah, it's 60.

14 THE WITNESS: -- a better reader than I
 15 am.

16 BY MS. SINGER:

17 Q Line 22: "Were you aware that you all
 18 put this on the market, OxyContin CR, and did not
 19 have a postmarketing abuse monitoring system or
 20 database from which you could tell whether abuse
 21 or diversion was occurring?"

22 And you answered: "I was not aware of
 23 that. I don't believe it was a requirement at the
 24 time. I'm sure we would have fulfilled all of the

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1 FDA requirements they asked us."

2 Is that your testimony then?

3 A That's what --

4 Q And do you have --

5 A -- the transcript shows.

6 Q And do you have reason to believe that

7 that is not how you testified?

8 A No. I have no reason to think this is

9 an error.

10 Q And then the next question: "Do you

11 think it would have been a good idea before

12 putting OxyContin controlled released on the

13 market to have an abuse monitoring system and

14 database from which to tell if it was being

15 diverted or abused?"

16 And you answered: "Absolutely, yes."

17 Was that your testimony then?

18 A That's what it says.

19 Q And do you have any reason to believe

20 that that is not accurate?

21 A I have no reason to believe that it's a

22 faulty transcript.

23 Q Okay. Now, OxyContin was promoted as

24 providing --

1 A Is this finished?

2 Q It is for now. We may come back to it.

3 A Okay.

4 Q OxyContin was promoted as providing an

5 onset of action within one hour. Is that correct?

6 MR. BERNICK: Objection to form. Time

7 frame.

8 THE WITNESS: I don't know whether it

9 was promoted with that feature, it said or

10 emphasized or anything. I don't remember.

11 BY MS. SINGER:

12 Q Okay. Do you know if it is in fact true

13 clinically that a patient will start to feel the

14 effects of OxyContin within an hour?

15 MR. BERNICK: Objection. Again, time

16 frame and also foundation.

17 THE WITNESS: I'm sorry. I did hear

18 you, but I -- I -- the interruption may mean I

19 lost your -- the thrust of your question.

20 BY MS. SINGER:

21 Q I have the same reaction.

22 Patients will start to feel the effect

23 of OxyContin within an hour; is that correct?

24 A I believe that that was consistent with

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1 the clinical trial results.

2 Q And that is faster than MS Contin took

3 action; is that correct?

4 MR. BERNICK: Objection. Lack of

5 foundation.

6 THE WITNESS: I don't recall or I didn't

7 know if that was the case.

8 BY MS. SINGER:

9 Q Okay.

10 A I can't -- I can't agree or disagree. I

11 just don't know.

12 Q Okay. So you don't know the onset of

13 action for MS Contin? Is that correct?

14 A That's correct.

15 Q And do you know whether there was a

16 claim that delayed absorption reduced the abuse

17 liability of MS Contin?

18 MR. BERNICK: Objection. Lack of

19 foundation.

20 THE WITNESS: I don't recall that.

21 BY MS. SINGER:

22 Q So I want to talk about -- scratch that.

23 10 milligrams of OxyContin taken every

24 10 hours --

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1 A 12 hours.

2 Q -- 12 hours -- thank you -- is the same

3 as a patient taking a 4.5 milligram Percocet every

4 six hours. I can draw it out if that makes it

5 easier for you.

6 A No, no. I -- I remember it in the

7 package insert actually.

8 MR. BERNICK: Well -- okay.

9 THE WITNESS: So I didn't think it was

10 4.5. I thought it was 5.0. But aside from that

11 memory glitch between you and me, unless you're

12 reading it, I -- I remember the package insert

13 explicitly said that.

14 BY MS. SINGER:

15 Q Okay. So that means that one OxyContin

16 has twice as much oxycodone as one Percocet.

17 MR. CHEFFO: Objection.

18 THE WITNESS: That is -- well, let me be

19 a little more precise. I don't know when Percocet

20 started marketing higher strength oxycodone. If

21 the only strength Percocet was, as I remember it,

22 325 of APAP and 5 milligrams of oxycodone, then

23 you're right, it's twice as high as a Percocet.

24 But if they had higher strengths out, then one

1 would have to, you know, recognize that all
 2 Percocet wasn't equal.
 3 Was that too complicated or --
 4 BY MS. SINGER:
 5 Q So I'm going to try to reduce it with my
 6 terrible writing or drawing.
 7 Is what I've just put up on the screen
 8 accurate, whether it's 4.5 milligrams or 5
 9 milligrams?
 10 A Well, whether it's 4.5 or 5 --
 11 MR. BERNICK: Excuse me. I have an
 12 objection based upon, A, foundation, and, B, form.
 13 Sorry. Go ahead.
 14 THE WITNESS: But she said --
 15 BY MS. SINGER:
 16 Q He's going to object --
 17 A Ignore --
 18 Q -- to my drawing next, so --
 19 A Oh, okay.
 20 MR. BERNICK: No, I thought the drawing
 21 was fine. It's just --
 22 THE WITNESS: Can I point out you wrote
 23 20 milligrams of OxyContin every 12 hours? I
 24 don't think that was your intention, right? I'm

1 just guessing. I don't know what --
 2 BY MS. SINGER:
 3 Q No, I --
 4 A I withdraw that answer. Because --
 5 okay. Let me now do the calculation. I thought
 6 you were going to say 10 milligrams every 12
 7 hours.
 8 Q That's right.
 9 MR. BERNICK: Uh-huh.
 10 THE WITNESS: Wow, I'm glad we're on the
 11 same page now.
 12 BY MS. SINGER:
 13 Q Glad your memory is clearly sharp enough
 14 to keep me on my toes here.
 15 A No. No. I was looking carefully at
 16 what you wrote.
 17 Q So is that an accurate illustration --
 18 A Okay, what is -- you've now depicted the
 19 4.5 or 5 milligrams of oxycodone in Percocet is
 20 equal to 10 milligrams every 12 hours of
 21 OxyContin -- oxycodone. Is that your statement?
 22 Because I can agree with that statement.
 23 You've ignored that Tylenol, in the mind
 24 of many physicians, added some additional

1 analgesic performance --
 2 Q So I'm just talking --
 3 A -- but I -- I think this is what our
 4 clinical trial, as I seem to recall, showed.
 5 Q The oxycodone, taking aside any other
 6 analgesic properties, is equivalent --
 7 A Right. Yes, 5 milligrams every six
 8 hours, I think we found was equivalent --
 9 bioequivalent and also I believe clinically
 10 equivalent.
 11 Q So one OxyContin 10 milligram is going
 12 to have more active opioid, more active oxycodone
 13 than one Percocet that is 4.5 or 5 milligrams.
 14 Correct?
 15 A On its face, it -- it does.
 16 Q Okay.
 17 A Yes. Each tablet. Just comparing
 18 tablets, yes.
 19 Q Has --
 20 A Yes.
 21 Q Okay.
 22 A We agree.
 23 (Sackler Exhibit No. 27 was marked
 24 for identification.)

1 BY MS. SINGER:
 2 Q So let's go to Exhibit 27 is a New York
 3 Times article, "Origins of an Epidemic: Purdue
 4 Pharma Knew Its Opioids Were Widely Abused." It's
 5 dated May 29th, 2018.
 6 A Yes.
 7 Q And I want to direct your attention
 8 to --
 9 (Counsel conferring.)
 10 MS. SINGER: Can we go off the record
 11 for one second, please?
 12 THE VIDEOGRAPHER: Going off the record
 13 at 2:49 p.m.
 14 (Pause in the proceedings.)
 15 THE VIDEOGRAPHER: We're back on the
 16 record at 2:53 p.m.
 17 MS. SINGER: Actually, let's withdraw
 18 that 27 since I'm not using it. I will --
 19 THE WITNESS: This one, this is 27?
 20 MS. SINGER: Yes.
 21 MR. BERNICK: But it's already part of
 22 the record anyhow, so you may as well -- there's a
 23 reference to it in the record. You may as well
 24 just leave it there. It's up to you, but --

1 MS. SINGER: It's fine. I don't object
2 to it.

3 Okay. Let's move on.

4 (A discussion was held off the record.)

5 BY MS. SINGER:

6 Q So let's look on the screen. We'll give
7 you all --

8 A It's too small.

9 MS. SINGER: Can you go to the front
10 page first, Gina, please.

11 BY MS. SINGER:

12 Q So Purdue knew its opioids were widely
13 abused in the late 1990s. It is a New York
14 magazine article dated May 29th, 2018.

15 And if we can flip down to the
16 highlighted language.

17 MS. SINGER: Is that not the same?

18 BY MS. SINGER:

19 Q "The speculation that a slow release
20 formula would make OxyContin unappealing to drug
21 abusers was irrational. Making a long duration
22 painkiller meant concentrating more narcotic into
23 each individual pill, and since opioid addicts do
24 not typically use pills as directed but rather

1 crush them up for snorting or injecting,

2 Purdue's," quote, "innovative," close quote,
3 "opioid was actually more appealing as a street
4 drug than any of its rivals."

5 Do you see what I just read --

6 A I see.

7 Q -- Dr. Sackler?

8 A I do.

9 Q Did Purdue have any evidence that this
10 was wrong?

11 MR. BERNICK: Objection. First of all,
12 lack of foundation, but second of all, to form.
13 And third of all, it actually calls for an expert
14 view.

15 Go ahead.

16 THE WITNESS: But I should answer the
17 question?

18 MR. BERNICK: Yes, if you can.

19 THE WITNESS: Okay. Could you repeat
20 the question?

21 BY MS. SINGER:

22 Q Did Purdue have any evidence that this
23 quotation that OxyContin, because it had more
24 oxycodone in it, would be more appealing --

1 MR. BERNICK: Objection to the form of
2 the question.

3 BY MS. SINGER:

4 Q -- to addicts --

5 MR. BERNICK: It's not a quotation.
6 Object to the form of the question. The other
7 objections as well.

8 THE WITNESS: I -- I don't know -- in
9 direct answer to your question, I don't know what
10 evidence the FDA relied on. I don't know who
11 suggested putting that sentence -- that sentence
12 in there that you're -- you've drawn my attention
13 to.

14 I think that's an answer to your
15 question. I don't know.

16 BY MS. SINGER:

17 Q So I'm not asking you what evidence the
18 FDA had. What I'd like to know is whether Purdue
19 had any reason to believe that this was untrue.

20 MR. BERNICK: Objection to the form --

21 MR. CHEFFO: Objection.

22 MR. BERNICK: -- of the question. Lack
23 of foundation.

24 THE WITNESS: That it was untrue or

1 true?

2 BY MS. SINGER:

3 Q Untrue.

4 A Not that I can recall. And we had been
5 selling slow release morphine for years, and its
6 abuse potential didn't call for speculation. It
7 was factual. But both -- it was a fact. I mean,
8 that it might or might not -- I don't know what
9 the facts were, what it showed, but when I saw
10 this, I assumed that it was general knowledge --
11 that was my assumption -- on the part of the
12 narcotic experts for using narcotics to treat
13 pain.

14 Q What was general knowledge?

15 A The general belief that slower
16 absorption might reduce the attractiveness of a
17 narcotic, any narcotic.

18 Q But isn't it --

19 A But I can't really tell you because I
20 didn't write it, and I don't recall.

21 MR. BERNICK: It -- okay.

22 BY MS. SINGER:

23 Q Isn't it only common sense that if you
24 put more oxycodone in a pill that that pill is

1 going to be more attractive to abusers?
 2 A You have to make an assumption that the
 3 abuser will not only find it attractive but would
 4 find a way of accessing the oxycodone by
 5 deconstructing, destroying the delivery system.

6 I don't have any recollection at all. I
 7 don't think I even knew, but I can't remember
 8 whether I -- whether -- I can't remember. But
 9 you -- at the time because of the experience with
 10 MS Contin, this didn't seem like it was a
 11 speculation. It seemed like experience had
 12 pointed in that direction.

13 BY MS. SINGER:

14 Q And so is it your testimony that there
 15 wasn't a history of abuse with MS Contin?

16 A Not that the board knew about. Not that
 17 I knew about.

18 Q Okay. And would that have been
 19 significant to know about?

20 MR. BERNICK: Objection to the form of
 21 the question.

22 THE WITNESS: It depends how much abuse.
 23 If it were a lot of abuse, yes, it would have
 24 been. If it were isolated and a small numbers of

1 abusers, it might not have changed it. But that's
 2 all speculation.

3 BY MS. SINGER:

4 Q And didn't Purdue have an obligation to
 5 know before it launched OxyContin with a label on
 6 delayed absorption potentially reducing abuse
 7 to know whether that was really true?

8 A That is a legal and regulatory question
 9 and medical question that I'm not informed enough
 10 to respond to. I just don't know.

11 Q I'm asking you as an owner and board
 12 member of this company, whether you had an
 13 obligation before putting a narcotic on the market
 14 that you said was less likely to be abused to know
 15 whether that was true?

16 MR. BERNICK: Objection. Asked and
 17 answered.

18 THE WITNESS: I think in retrospect, you
 19 could -- every misfortune in life, you're asking a
 20 question, if you knew what would happen, what
 21 would you -- wouldn't you have done something to
 22 prevent it? The answer is: Of course. But we
 23 didn't expect any such event.

24 BY MS. SINGER:

1 Q But you put affirmative language in the
 2 label saying that this drug was less likely to be
 3 abused. Didn't you have an obligation to know
 4 that -- not in hindsight, but to know then whether
 5 that was true?

6 A I think I --

7 MR. BERNICK: Hang on.

8 THE WITNESS: -- I answered the
 9 question.

10 MR. BERNICK: Hang on. Object. Move to
 11 strike the prefatory statement.

12 Go ahead.

13 THE WITNESS: Oh, right. Okay.

14 I'm not an owner -- well, maybe I am.
 15 Forget that. I don't want to quibble.

16 In retrospect, everything looks
 17 different. In prospect, I was not running or
 18 designing the program. And the FDA approved this.
 19 May have even suggested that language. I don't
 20 know. But they suggested a lot of language as
 21 they do in typically every label.

22 So I don't -- I can't tell you
 23 whether -- obviously the FDA didn't feel it was
 24 necessary. They wouldn't have approved it.

1 BY MS. SINGER:

2 Q But it was your label, Dr. Sackler.

3 MR. BERNICK: Objection to the form of
 4 the question. And it's also not a question.

5 BY MS. SINGER:

6 Q Wasn't it your label? Wasn't it your
 7 responsibility?

8 MR. BERNICK: Asked and answered three
 9 times.

10 THE WITNESS: Our -- no, it was not. It
 11 was not. You're picking one possible thing out of
 12 a million. Are a million things our
 13 responsibility? Maybe, but I don't think so.
 14 That becomes impractical for ever completing
 15 research on a drug. You're always learning new
 16 things. So I don't -- I don't --

17 BY MS. SINGER:

18 Q But this is -- this is something you
 19 didn't bother to learn, Dr. Sackler, but you said
 20 it anyway.

21 MR. BERNICK: Objection to the form.
 22 This is now asked and answered four times.

23 Your Honor, we would ask for a ruling,
 24 that this is -- it's already been asked and

1 answered.

2 SPECIAL MASTER COHEN: Well, the last
3 thing that was said was not a question.

4 BY MS. SINGER:

5 Q So, Dr. Sackler, putting aside a million
6 things, focusing on the one language where Purdue
7 affirmatively asserted that delayed absorption
8 might make this drug less likely to be abused, did
9 you have a responsibility as the manufacturer/
10 distributor of that drug, to check before you said
11 it?

12 MR. BERNICK: A, it's been asked and
13 answered. B, that statement there is not the
14 label.

15 THE WITNESS: I'm sorry, I --

16 MR. BERNICK: There's a lack of
17 foundation for that question.

18 THE WITNESS: Do I answer it?

19 MR. BERNICK: Yeah.

20 MS. SINGER: Mm-hmm.

21 MR. BERNICK: You have to.

22 THE WITNESS: We -- as I said -- I said
23 before, in hindsight, you can isolate the one
24 question that many people would wish was asked.

1 elderly man. He's been very patient. But this is
2 trying to get something out that has been asked
3 and answered -- and not just with -- he's
4 explained the same explanation five different
5 times.

6 MS. SINGER: No, he's actually --

7 MR. BERNICK: And this is not even the
8 statement of what's in the label. It's not.

9 MS. SINGER: He has not answered it.

10 SPECIAL MASTER COHEN: If we were
11 sitting in court, I would suggest that you made
12 your point and you should move on.

13 MR. BERNICK: Thank you.

14 BY MS. SINGER:

15 Q So, Dr. Sackler, this wasn't the only
16 reference to abuse and addiction in OxyContin's
17 1995 label.

18 I want to direct you to page 365 -- I'm
19 sorry, Bates number --

20 A Where do I see --

21 Q Sorry, same page.

22 A Oh, look at the bottom right?

23 MR. BERNICK: No, wait. She'll tell
24 you.

1 The FDA might have wished it. We might have
2 wished it. But it's speculative. We didn't think
3 that the drug would be an object of abuse at that
4 time when the FDA approved it -- approved the
5 label, approved the drug.

6 We did not have a responsibility to do
7 it because it would have required foreknowledge
8 that was contrary, at least contrary to the
9 board's knowledge and to mine.

10 BY MS. SINGER:

11 Q So -- I want to be clear that what we're
12 talking about is an affirmative statement in the
13 label. And your position is that you didn't have
14 an obligation to make sure that that affirmative
15 statement that this drug was less likely to be
16 abused was true?

17 MR. BERNICK: Again, I object. That is
18 not what the label says. And this has been asked
19 and answered, and it's lack of --

20 MS. SINGER: It has actually never been
21 answered.

22 MR. BERNICK: Well, this -- Your Honor,
23 I would ask for a ruling at this point. I think
24 that this is badgering the witness. He's an

1 THE WITNESS: Okay. Okay.

2 BY MS. SINGER:

3 Q No, same page, page 766.

4 A Of this one. Okay.

5 Q Yep. So we're on the same as before.

6 A Yes.

7 Q And it says: "Iatrogenic -- iatrogenic
8 addiction to opioids legitimately used in the
9 management of pain is very rare."

10 Do you see where I'm reading?

11 A Yes, I see where you're reading. I do.

12 Q Okay. Now, you've acknowledged in the
13 past that Purdue didn't perform studies on the
14 rates of iatrogenic addiction prior to OxyContin's
15 approval, correct?

16 A That --

17 MR. BERNICK: Objection. If there's
18 prior testimony, can we just have the page?
19 Assuming it's in Kentucky.

20 MS. SINGER: I'm sorry.

21 MR. BERNICK: If you're confronting him
22 with prior testimony, I believe the rule says that
23 you should show him, at least have the opportunity
24 for him to look at what the prior testimony was.

1 And I don't -- if you'd just give us a page number
2 from Kentucky.

3 MS. SINGER: So these speaking
4 objections, Mr. Bernick, are just completely
5 inappropriate. They're coaching the witness and
6 wasting time, and I would ask that you either stop
7 it or we can get a ruling.

8 Special Master Cohen, please --

9 MR. BERNICK: That's --

10 MS. SINGER: -- to ask him to stop doing
11 this.

12 MR. BERNICK: That is fine. There is a
13 rule of completeness under the rules. It has to
14 be done at the time the question is asked.
15 Otherwise, it's not -- it's not usable. It's hard
16 to state in one word.

17 SPECIAL MASTER COHEN: Right, but it's
18 probably easy enough to state in twelve.

19 MR. BERNICK: Well, that's -- I take
20 that point, Your Honor.

21 SPECIAL MASTER COHEN: Why don't we get
22 back to it.

23 BY MS. SINGER:

24 Q So I will ask the question again, to

1 point you back to it, Dr. Sackler.

2 Purdue didn't perform studies on the
3 rates of iatrogenic addiction prior to the
4 approval of OxyContin, correct?

5 A This was not part of the approved plan
6 for studies that would lead, if successful, to
7 approval. Not every possibility in any drug
8 application is covered with studies. There is a
9 baseline of experience and literature that forms
10 an important part at the time a drug is approved.
11 And clearly, the FDA didn't see this as a
12 deficiency in the application, and we didn't
13 either.

14 I can't tell you how many references
15 supported this. I was not -- I have no knowledge
16 about whether this was a close point. It is my
17 impression that at that time narcotic approvals
18 did not require or didn't usually have even -- but
19 I'm guessing here -- I just don't know that any
20 had abuse studies.

21 With the fullness of time, maybe that
22 would have been a good idea. Maybe it would have
23 prevented some -- some misfortune. But that's
24 speculative. I don't know.

1 BY MS. SINGER:

2 Q So when you put these two statements,
3 "delayed absorption makes abuse rare" and
4 "iatrogenic addiction is very rare," neither of
5 which were supported by studies, my question to
6 you was, you know, was this just a wait and see,
7 we'll put the drug out there and see what happens
8 to people?

9 MR. BERNICK: I -- objection.

10 Misstatement of the label. And I object to form.

11 THE WITNESS: So should I answer?

12 MR. BERNICK: Yes.

13 THE WITNESS: Could you restate the
14 question? I'm sorry.

15 BY MS. SINGER:

16 Q Was Purdue just, absent the science to
17 support these two statements, absent specific
18 studies to support these statements, just taking
19 the attitude that it would wait and see what would
20 happen to the American people when this drug was
21 launched?

22 MR. BERNICK: Objection to form.

23 THE WITNESS: Not -- I don't believe --
24 I'm not aware of any evidence that waiting to see

1 what happened was the operative notion.

2 BY MS. SINGER:

3 Q But --

4 A Can I finish my --

5 Q Mm-hmm.

6 A Also my recollection is that there were
7 studies about iatrogenic, but not conducted by
8 Purdue. There were studies in the literature, but
9 I'm not certain. I'm not an expert any more in
10 the literature, and my memory could be faulty.
11 But my recollection is that there were studies.
12 And if that recollection has some substance, that
13 could explain a lot.

14 MR. BERNICK: It's I think around 3:15.
15 I don't know where we are on the clock for today,
16 but if I could ask --

17 THE VIDEOGRAPHER: Three hours and 32
18 minutes.

19 MR. BERNICK: So that leaves us about
20 halfway through.

21 MS. SINGER: Well, I think we're going
22 to have some issues with that.

23 MR. BERNICK: I -- I understand that
24 there might be, but I guess the question is -- we

1 should clearly take a break now because the doctor
2 has been going for a while, and then maybe we can
3 figure out --

4 SPECIAL MASTER COHEN: I suggest we take
5 a break, and then we convene and go as long as we
6 can today, as long as Dr. Sackler is able to.

7 MR. BERNICK: Okay. That's fine.
8 Let's -- let's do that. But if I could just bend
9 your and Linda's ear for a minute during the
10 break.

11 MS. SINGER: So I -- can I do one more
12 question to finish up this line, please?

13 MR. BERNICK: As long as it's not the
14 same --

15 THE WITNESS: Okay. Please let her ask
16 the question. I shouldn't disagree with my
17 counsel.

18 MR. BERNICK: I was kidding. I was
19 kidding.

20 THE WITNESS: Oh, okay. See, you were
21 being sarcastic.

22 MR. BERNICK: I was.

23 THE WITNESS: Just like I try to be.

24 MR. BERNICK: I was trying to be witty,

1 in vain. Sorry.
2 MS. SINGER: That's okay. We can take
3 the break.

4 MR. BERNICK: Thank you.
5 THE VIDEOGRAPHER: Going off the record
6 at 3:13 p.m.

7 (Recess.)

8 THE VIDEOGRAPHER: We're back on the
9 record at 3:29 p.m.

10 BY MS. SINGER:

11 Q Dr. Sackler, at what point did you
12 learn -- I'm sorry.
13 At some point did you learn that delayed
14 absorption did not reduce the abuse liability of
15 OxyContin?

16 MR. BERNICK: Excuse me. Objection.
17 Assumes facts.

18 THE WITNESS: When did I learn that
19 abuse -- that -- repeat it again. I didn't catch
20 the --

21 BY MS. SINGER:

22 Q At some point did you learn that delayed
23 absorption did not reduce the abuse liability of
24 OxyContin?

1 A I don't think there is any evidence that
2 shows that. That would be a difficult trial to
3 run. I -- I don't know offhand how I would -- I
4 certainly couldn't figure it out.

5 Q So --

6 A If I had to design a trial.

7 Q So is it your testimony that you're
8 still not sure whether delayed absorption reduces
9 the abuse liability of OxyContin?

10 A I'm still not sure?

11 Q Yes.

12 A No. I believed it was established in
13 trials at the time the product was introduced. I
14 don't know that it's not true. But certainly I'm
15 less -- I'm not sanguine about it. That's the --
16 after the fact: If you knew the future, you might
17 have behaved differently.

18 Q And at some point did you learn that
19 iatrogenic addiction to OxyContin is not very
20 rare?

21 A I didn't learn it. But the FDA and
22 Purdue agreed that the modifier "very" should be
23 removed. But I don't know any more than that. Of
24 course, we observed whatever it is -- within human

1 capabilities we -- I don't think we objected to
2 removing it. But I don't know.

3 Q And you talked about the -- the evidence
4 that existed about abuse liability and addiction
5 prior to OxyContin was launched.

6 Are you aware that during the clinical
7 studies for OxyContin that there were cases of
8 drug-seeking and drug-craving behavior?

9 MR. CHEFFO: Objection.

10 MR. BERNICK: Objection. Lack of
11 foundation. And assumes facts.

12 THE WITNESS: Should I answer it?

13 MR. BERNICK: Yes.

14 THE WITNESS: Okay. Just repeat the --
15 I'm sorry for asking, but I've been told I really
16 ought to be sure I understand the question.
17 Unfortunately, this kind of interrupts it a little
18 bit. But just repeat it or rephrase it.

19 BY MS. SINGER:

20 Q Are you aware that there was evidence of
21 drug -- drug seeking or drug craving during the
22 clinical trials for OxyContin?

23 MR. CHEFFO: Objection.

24 THE WITNESS: I don't recall.

1 (Sackler Exhibit No. 28 was marked
2 for identification.)
3 BY MS. SINGER:
4 Q I show you Exhibit 28, which is a
5 clinical study report titled "Drug-Seeking
6 Behavior."
7 And I will direct you to Bates number --
8 where is it?
9 So on the second page of the document --
10 A Second? You said second?
11 Q Yep.
12 A Okay. Oh, yeah, this is the second
13 page.
14 Q "Of the 233 subjects who enrolled who
15 enrolled in the clinical trial, 13 subjects were
16 indicated by the investigators as having signs of
17 drug-seeking behavior on the case report form."
18 A I see that.
19 Q So does that refresh your recollection
20 as to whether there was evidence that OxyContin
21 was subject to abuse?
22 MR. CHEFFO: Objection.
23 MR. BERNICK: Yeah, objection.
24 THE WITNESS: I -- no, it doesn't

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1 refresh my recollection. I don't remember this.

2 BY MS. SINGER:

3 Q Okay. It seems like an important thing

4 for you to have known, Dr. Sackler, does it not?

5 MR. BERNICK: Object to the form of the

6 question.

7 THE WITNESS: At the very least, you --

8 I'd like the privilege of studying the document

9 because there's probably more about this in this

10 document. I'd like to see what the document says.

11 BY MS. SINGER:

12 Q Okay.

13 A Do you want me to read it?

14 Q If you feel you need to do that, in

15 light of your testimony that there was no evidence

16 that OxyContin -- that would have required Purdue

17 to undertake studies.

18 MR. BERNICK: Objection. Misstates

19 testimony. Objection to form.

20 THE WITNESS: Okay. This is very small

21 too. Can I ask whether somebody can make a larger

22 copy? My -- this is like seven point --

23 MR. BERNICK: Can you put it on the

24 screen?

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1 their doctor?
 2 A In every case or in most cases or in a
 3 few cases? Could you quantify it? For example,
 4 somebody who is demented and won't understand that
 5 wouldn't necessarily be informed.

6 Q So, but --

7 A Maybe a caregiver would, but --

8 Q So let's put aside people who are
 9 incompetent about their care.

10 A Okay. And too young to make their own
 11 decisions, and so on.

12 Q Same point.

13 Does a competent patient deserve to know
 14 that they may become addicted to OxyContin
 15 prescribed by their doctor?

16 A Everything else being equal --
 17 everything else being equal, this would be
 18 desirable.

19 Q All right. Let's turn to 15564.

20 Were you pleased with the label for
 21 OxyContin?

22 A I was very pleased with the label for
 23 OxyContin. I was -- I thought the people who had
 24 worked on it had done something which was not

1 common then, which was to write a textbook chapter
 2 in the label, and I thought it laid out the
 3 emphasis such as was known then, on what was
 4 important.

5 Abuse and diversion appeared, I don't
 6 remember, two, three, four times. The importance
 7 of treating pain was well laid out. The
 8 management plan, how should a doctor actually
 9 start the drug, adjust the drug, make certain the
 10 patient still needs it. I thought it was an
 11 excellent label within the limits of my knowledge.
 12 So I was pleased with it.

13 (Sackler Exhibit No. 29 was marked
 14 for identification.)

15 BY MS. SINGER:

16 Q So Exhibit 29, which is an e-mail from
 17 you to Paul Goldenheim and others from August 25th
 18 of 1995, I think here you're expressing your
 19 pleasure. You called it an A for our team,
 20 correct? At the top of the page.

21 A I should have said "the team," but --
 22 because I knew that the FDA played an important
 23 role in this as well. But aside from that little
 24 refinement.

1 Q Okay. And then at the bottom of the
 2 page, it notes that: "MF and RSS have seen his
 3 comments."

4 RSS is presumably you, correct?

5 A Yes.

6 Q Okay. And you had seen the comments
 7 from Curtis Wright, the medical reviewer, correct?

8 A I don't remember if I saw Curtis
 9 Wright's comments.

10 Q Okay. But that is what it says here,
 11 correct?

12 A Dr. -- where does it say that?

13 Q "MF and RSS have seen his comments," the
 14 top of the bottom paragraph.

15 A Oh, MF. I heard MS. Okay. Sorry. I
 16 have seen, and the "his" refers to --

17 Q Dr. Wright at the top of the e-mail
 18 chain. "Dr. Wright called today to finalize the
 19 package insert."

20 A Right. I see that.

21 Q Okay. And then --

22 A It seems that that's the reference. I
 23 would have to read the whole thing to be sure,
 24 but --

1 Q Okay. And then it says: "I think I can
 2 speak for the three of us when I say we got most
 3 of what we wanted in the PI."

4 A I -- that's what I said.

5 Q It's actually what Dr. Reder said -- I'm
 6 sorry. At the bottom of the e-mail referring to
 7 you and Michael Friedman, correct?

8 A Okay. I'm sorry. You're -- you want me
 9 to attend to the last paragraph, right?

10 Q Mm-hmm.

11 A Which starts: "MS -- MF and RSS have
 12 seen" -- I accept -- I don't know that his -- I
 13 don't want to parse it, but for purposes of speed,
 14 let's assume it is Curtis Wright.

15 I think I can speak for the three of us
 16 when I say we got most of what we wanted. Have a
 17 happy weekend. The document will be Word
 18 processed and circulated on Monday." Yes.

19 MR. BERNICK: Just for the --

20 BY MS. SINGER:

21 Q And that reflects your sentiments,
 22 correct?

23 MR. BERNICK: I'm sorry. Just so the
 24 record reflects that Dr. Sackler was actually

1 reading from the document himself.
 2 MS. SINGER: That's correct.
 3 MR. BERNICK: Thank you.
 4 THE WITNESS: I don't recall -- I don't
 5 recall that we had a specific plan for the label.
 6 If there was, I didn't -- I don't think I saw it
 7 in advance of working with the FDA on it. I
 8 wasn't on the team that did. I didn't -- I don't
 9 recall any correspondence, but maybe I got
 10 something.

11 BY MS. SINGER:

12 Q Okay. But you knew again --

13 A Well, no, no, I --

14 Q -- it was a good label as far as you
 15 were concerned?

16 A Yeah, I think -- for the -- for most or
 17 all of the reasons I just stated about why I was
 18 pleased with it. I thought it was extremely
 19 useful for doctors, and I hoped that they read it
 20 and reread it until they were really familiar with
 21 the drug. So I thought it would make -- it would
 22 improve their management of pain.

23 (Sackler Exhibit No. 30 was marked
 24 for identification.)

1 BY MS. SINGER:

2 Q So this is Exhibit 30. Are you familiar
 3 with the Purdue Research Center?
 4 A I'm familiar that there was a period of
 5 time that we used that term. Yes.

6 Q And you used that term for what? What
 7 was the entity?

8 A For the constellation of people in labs,
 9 in clinical research, in regulatory affairs, and
 10 so forth.

11 Q And this document is the 1996 Executive
 12 Summary for the Purdue Research Center. If you
 13 look at the top of the third page, so Bates
 14 number 3222.

15 A Okay. Yes.

16 Q Okay. And I'm going to read from the
 17 last paragraph.

18 "The evolution of the package insert
 19 from its original draft over four years ago was a
 20 particularly interesting and informative process.
 21 Dr. Curtis Wright, the FDA medical reviewer, upon
 22 first reviewing it, stated that he had never seen
 23 a package insert with as much promotional and
 24 marketing material in it as ours. Clearly our

1 package insert team, representing medical,
 2 scientific communications, pharmacokinetics and
 3 drug metabolism and marketing, did its job
 4 skillfully. Dr. Wright even told us that all of
 5 this promotional material would disappear. It did
 6 not.

7 "In fact, the package insert contains
 8 all of the major elements of our long-range
 9 marketing platform for this drug and proved most
 10 valuable when it came time to negotiate
 11 promotional copy with the Division of Drug
 12 Marketing, Advertising and Compliance, DDMAC. We
 13 argued extensively with DDMAC in January through
 14 March of this year. The result of these," quote,
 15 "discussions was a tremendous set of promotional
 16 claim rich copy, and the consequence, about 50
 17 million in sales -- \$50 million in sales in the
 18 first year, more than 37,000 prescriptions per
 19 month -- per month, and a market share approaching
 20 13 percent, that is quite a beginning."

21 I read that accurately?

22 A You -- I've read it the same way. Good
 23 reading.

24 Q And so to your point that you were

1 pleased with the package insert because it gave
 2 doctors good information --

3 A Yes.

4 Q -- isn't it the case in fact that it
 5 was also the promotional launching pad for
 6 OxyContin?

7 A I don't know when I came to the
 8 understanding that all claims had to be in the
 9 package insert or else -- or sanctioned by the FDA
 10 if you departed from the package insert -- not in
 11 material but in what the author of whatever
 12 material was -- thought was consistent with the
 13 package insert. I don't remember. But we wanted
 14 a package insert that was very comprehensive and
 15 complete. I don't remember this document. I
 16 don't remember Curtis Wright's statement. I just
 17 can't say what Curtis meant.

18 I was referring not to marketing or
 19 promotion as is here. I was referring to how do
 20 you properly use OxyContin in general, and in
 21 fact, any strong opioid where it is indicated, how
 22 do you start, how do you adjust, how do you decide
 23 you don't want to continue it, and on and on and
 24 on. I thought doctors would become at a minimum

1 well refreshed in what they knew, and probably in
 2 many cases would learn some things that would be
 3 useful.

4 So, I can't -- I can't comment on Curtis
 5 Wright's -- on the comment of Curtis Wright that
 6 said he's never seen such...

7 Q But can't you comment on Purdue's
 8 celebration of this label as a selling instrument
 9 for OxyContin?

10 A I really just didn't think of it that
 11 way.

12 Q So let's go to --

13 A Everybody here would learn a lot if they
 14 read that package insert or the subsequent ones.

15 (Sackler Exhibit No. 31 was marked
 16 for identification.)

17 BY MS. SINGER:

18 Q So showing you --

19 MR. BERNICK: Wait for counsel to ask
 20 you a question.

21 BY MS. SINGER:

22 Q -- Exhibit 31.

23 Dr. Sackler, this is your testimony in
 24 that Endo Pharmaceuticals patent litigation we

1 talked about earlier.

2 And I want to direct you to page --

3 Bates number 560.

4 MR. BERNICK: Five --

5 MS. SINGER: Five six zero.

6 MR. BERNICK: 560.

7 THE WITNESS: Oh. Okay. Sorry. Yeah,
 8 I was looking for four digits. 560. Okay, I
 9 think I found it. Yes.

10 Do I have it? I think so.

11 BY MS. SINGER:

12 Q No, that's not right.

13 A I'm reading this. PKY, is that the
 14 wrong --

15 MR. BERNICK: Hang on, hang on. Linda,
 16 which --

17 MS. SINGER: I know, I'm sorry. I'm
 18 trying to track down the reference.

19 MR. BERNICK: It's a different page.
 20 Don't worry about it.

21 THE WITNESS: I'm sorry?

22 MR. BERNICK: I said it's a different
 23 page. Don't worry about it.

24 THE WITNESS: Oh. Oh, okay.

1 BY MS. SINGER:

2 Q All right. We'll come back to that in a
 3 minute.

4 A Okay.

5 Q Dr. Sackler, you testified earlier that
 6 you weren't involved in the language of the
 7 packet -- package insert or the label, correct?

8 A That's my recollection, yes.

9 MR. BERNICK: Okay. If --

10 MS. SINGER: Can I see 571, please.

11 MR. BERNICK: Note my objection. I
 12 believe that misstates testimony.

13 (Sackler Exhibit No. 32 was marked
 14 for identification.)

15 BY MS. SINGER:

16 Q All right. I'm showing you Exhibit 32.

17 I want you -- so this is an e-mail
 18 between Robert Reder and Agi Frimmel.

19 Have I said that correctly?

20 A I -- I'm looking for the name to see
 21 if -- I don't recognize it the way you said it.
 22 Oh, Agi.

23 Q Mm-hmm.

24 A I don't -- I don't remember her.

1 Q Okay. I want to direct you down halfway
 2 through the chain to the e-mail from Mark Alonso.

3 A Mark Alfonse -- Alfonso. Don't worry.

4 Q Thank you.

5 A It's -- I'm getting tired too. Okay.

6 Q And it says in the middle of that
 7 chain --

8 A Right, "Roger" -- starting "Roger, thank
 9 you"?

10 Q Yep.

11 A Okay.

12 Q Do you want to finish reading that
 13 paragraph, "Colleagues" --

14 A You want me to read it or --

15 Q Sure, go ahead.

16 A -- just to myself?

17 No, I -- I can read it to myself. I
 18 don't have to read it out --

19 Q So it says: "Colleagues, Michael
 20 Friedman and I are not in support of this PI" --

21 or package insert -- "change. Michael has
 22 indicated that Dr. Richard is not in support of
 23 this change, and that any OxyContin PI change will
 24 require Dr. Richard's approval. I would suggest

1 that we don't meet until this issue has been
 2 discussed with Dr. Richard."
 3 Isn't it true, Dr. Sackler, that you
 4 were involved in the language --
 5 A No, I --
 6 Q -- of the package insert?
 7 A I -- I don't remember what this refers
 8 to. It is a possibility, but an unlikely one,
 9 that I was involved in some change here. But I
 10 was not involved in -- Mark is wrong. I was not
 11 involved in approving changes or suggesting
 12 changes. I just didn't do that. I didn't -- I
 13 never had -- no, I didn't do it. I stand by that.
 14 I have no recollection in general --
 15 Q Okay.
 16 A -- of being involved in package inserts.
 17 [REDACTED]

Highly Confidential - Subject to Further Confidentiality Review

1 [REDACTED]
 2 [REDACTED]
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 20 [REDACTED]
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Highly Confidential - Subject to Further Confidentiality Review

1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 MS. SINGER: Okay. And then we'll just
 8 do one more thing, and maybe we'll call it a day
 9 for today.
 10 MR. BERNICK: Okay.
 11 BY MS. SINGER:
 12 Q At that national sales meeting, you gave
 13 a speech. Do you recall giving a speech about the
 14 launch of OxyContin to the national sales force?
 15 A I have recollections of that --
 16 Q Okay.
 17 A -- event.
 18 (Sackler Exhibit No. 33 was marked
 19 for identification.)
 20 BY MS. SINGER:
 21 Q I'm showing you Exhibit 33.
 22 Do you recognize this Teamlink document
 23 with the headline "OxyContin: The most
 24 significant launch in Purdue history"?

1 A I don't remember. I know -- I remember
2 Teamlink. I don't -- didn't remember the
3 headline.

4 Q Okay. And Teamlink was the magazine
5 Purdue provided to its sales force, correct?

6 A I don't recall whether it was the sales
7 force -- all of it, any of it, I don't remember.
8 They came to me, and they said people wanted to
9 read it. I -- I don't recall more than finding,
10 locating my written speech. I don't think they
11 had a copy of it actually, so they couldn't take a
12 transcript.

13 Q But you provided them with that copy.

14 A I did. I provided them with what I had
15 that would either be close to it or that I -- that
16 I delivered.

17 Q And if you turn to the second page.

18 A Yes.

19 Q The third column.

20 A Yes.

21 Q You're talking about the package insert
22 process in the second to last paragraph:
23 "Whenever you read any part of the package insert,
24 you should remember the hundred of hours of work

1 that went into each section, paragraph, sometimes
2 each phrase and word."

3 Do you see where I'm reading?

4 A I don't, but okay. If you can help me
5 locate it.

6 MR. BERNICK: There you go.

7 THE WITNESS: Thank you. Makes it
8 easier for me. Thank you.

9 BY MS. SINGER:

10 Q So does that reflect your --

11 A Whenever you read any part -- I don't --
12 MR. BERNICK: Just read it yourself, and
13 then go down to the end of the last line.

14 THE WITNESS: Okay. (Peruses document.)

15 BY MS. SINGER:

16 Q And you say: "The Team never lost their
17 temper, never ceased to support the effort in each
18 other -- and each other, and every time made the
19 label better, stronger, a more potent selling
20 instrument, and we have the most powerful selling
21 package insert in the category and in the
22 industry."

23 Have I read that accurately?

24 A I believe you did.

1 Q And that reflects the speech you gave?
2 A It reflects probably -- I can't swear to
3 it, but it probably reflects the speech I gave.

4 MS. SINGER: Okay. I think we can call
5 it a day.

6 MR. BERNICK: Sure. Great. Thank you.

7 THE WITNESS: Do you have any more
8 questions about it?

9 MS. SINGER: Not at the moment.

10 THE VIDEOGRAPHER: Going off the record
11 at 3:58 p.m.

12 (Whereupon, the deposition of
13 RICHARD SACKLER, M.D. was
14 adjourned at 3:58 p.m.)

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1 CERTIFICATE OF CERTIFIED SHORTHAND REPORTER

2 The undersigned Certified Shorthand Reporter
3 does hereby certify:

4 That the foregoing proceeding was taken before
5 me at the time and place therein set forth, at
6 which time the witness was duly sworn; That the
7 testimony of the witness and all objections made
8 at the time of the examination were recorded
9 stenographically by me and were thereafter
10 transcribed, said transcript being a true and
11 correct copy of my shorthand notes thereof; That
12 the dismantling of the original transcript will
13 void the reporter's certificate.

14 In witness thereof, I have subscribed my name
15 this date: March 12, 2019.

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LESLIE A. TODD, CSR, RPR

Certificate No. 5129

(The foregoing certification of
this transcript does not apply to any
reproduction of the same by any means,
unless under the direct control and/or
supervision of the certifying reporter.)

1 INSTRUCTIONS TO WITNESS

2 Please read your deposition over carefully and
 3 make any necessary corrections. You should state
 4 the reason in the appropriate space on the errata
 5 sheet for any corrections that are made.

6 After doing so, please sign the errata sheet
 7 and date it.

8 You are signing same subject to the changes
 9 you have noted on the errata sheet, which will be
 10 attached to your deposition. It is imperative
 11 that you return the original errata sheet to the
 12 deposing attorney within thirty (30) days of
 13 receipt of the deposition transcript by you. If
 14 you fail to do so, the deposition transcript may
 15 be deemed to be accurate and may be used in court.

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1 ACKNOWLEDGMENT OF DEPONENT

2 I, _____, do hereby
 3 certify that I have read the foregoing pages, and
 4 that the same is a correct transcription of the
 5 answers given by me to the questions therein
 6 propounded, except for the corrections or changes
 7 in form or substance, if any, noted in the
 8 attached Errata Sheet.

9

10 _____
 11 RICHARD SACKLER, M.D. DATE

12

13

14 Subscribed and sworn to

15 before me this

16 _____ day of _____, 20 ____.

17 My commission expires: _____

18

19 Notary Public

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